



Privileges in Podiatry Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of a CPME approved one-year surgical residency, a one-year postgraduate training program in podiatric orthopedics, or a one-year postgraduate training program in primary in podiatric medicine or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in podiatry by the American Board of Podiatric Medicine or Podiatric Orthopedics and Primary Podiatric Medicine or foreign equivalent training/board.

AND

Documentation or attestation of the management of podiatric problems and/or the performance of podiatric surgical procedures for at least 50 inpatients or outpatients as the attending physician (or senior resident), at an accredited facility, during the past two years.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Additional Request	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

Assist Only

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Assist Only - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above.	<input type="checkbox"/>

Qualifications

Additional Information No Admitting privileges
 Must have primary surgeon in attendance for all procedures scheduled

Renewal Must maintain reappointment activity of 11+ per year
 Maintain current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery or foreign equivalent training/board.

FPPE

Assist Only

Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Privileges include:	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, provide treatment, and perform surgical or non-surgical podiatric procedures on the toes and forefoot and perform simple rearfoot surgical procedures on patients presenting with injuries or diseases of the foot and ankle.	<input type="checkbox"/>
<input type="checkbox"/>	Joint aspiration	<input type="checkbox"/>
<input type="checkbox"/>	Biopsies (soft tissue)	<input type="checkbox"/>
<input type="checkbox"/>	Digital surgery of all types plus surgical treatment of superficial neoplasm of the foot	<input type="checkbox"/>

[applicant]

<input type="checkbox"/>	Digital tendon surgery	<input type="checkbox"/>
<input type="checkbox"/>	Digital amputation	<input type="checkbox"/>
<input type="checkbox"/>	Forefoot surgery - includes hallux valgus repair, metatarsophalangeal joint surgery, osteotomy of metatarsal, resection metatarsal and easily accessible tarsal exostoses	<input type="checkbox"/>

Qualifications

Renewal Criteria Minimum 40 Core cases performed at any facility where member of medical staff for past two years
 Maintain current certification or active participation in the examination process leading to certification in podiatry by the American Board of Podiatric Medicine or Podiatric Orthopedics and Primary Podiatric Medicine or foreign equivalent training/board.

FPPE

- Core > 5 years practicing (Chart Review)
- Core > 5 years practicing (Direct Observation)
- Core < 5 years practicing (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	<input type="checkbox"/>
<input type="checkbox"/>	Advanced complex rearfoot and ankle surgical procedures [CRITERIA - Initial - Board Certification in rearfoot/ankle surgery by ABPS or board qualified or completion of a 2 year podiatry residency. Documentation of performance of at least 20 Advanced procedures. Ankle certification by MBC required. Renewal - Minimum 6 cases performed at any facility where member of medical staff required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, procedures, Pantalar arthrodesis, Ligamentous repair tarsus [CRITERIA - Initial - Board Certification in rearfoot/ankle surgery by ABPS or board qualified or completion of a 2 year podiatry residency. Documentation of performance of at least 8 Advanced specialized surgery procedures - must submit documentation log. Renewal - Minimum 6 cases performed at any facility where member of medical staff required during the past 2 years -]	<input type="checkbox"/>
<input type="checkbox"/>	Ankle Arthroscopy/Endoscopy [CRITERIA - Initial - Must also have Advanced Procedure privileges. Ankle certification by MBC required; Documentation and completion a suitable two day course i.e., ACFAS or AOFAS. If Board Certified in Rearfoot Ankle and hold privileges at another facility with a minimum of 12 cases in the past two years - please provide documentation log. Renewal - Minimum 6 cases performed at any facility where member of medical staff required during the past 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	Orthotripsy [CRITERIA - Initial - Completed training with a Licensed Program. Renewal - Minimum 2 cases performed at any facility where member of medical staff for past two years]	<input type="checkbox"/>

FPPE

- Advanced complex rearfoot and ankle surgical procedures (Chart Review)
- > 5 years practicing - Advanced complex rearfoot and ankle surgical procedures (Direct Observation)
- < 5 years practicing - Advanced complex rearfoot and ankle surgical procedures (Direct Observation)
- Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, procedures, Pantalar arthrodesis, Ligamentous repair tarsus (Chart Review)
- Ankle Arthroscopy/Endoscopy (Chart Review)
- Orthotripsy (Chart Review)
- Administration of Moderate Sedation (Chart Review)

[applicant]

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this _____ Date _____
privilege request

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have _____ Date _____
electronically signed, dated and approved this privilege request