



Privileges in Pulmonary Medicine 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

**Initial Core Criteria
Education/Training**

Successful completion of an ACGME or AOA-accredited residency/fellowship in pulmonary medicine or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Pulmonary Disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

FPPE

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

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
Core privileges include:		
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with conditions, disorders, injuries, and diseases of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system;	
	Oral/nasal intubation	
	Thoracentesis and percutaneous pleural biopsy	
	Bronchoscopy with biopsy	
	Flexible bronchoscopy	
	Placement of arterial line	
	Arterial puncture	
	Interpretation of pulmonary function testing	
	Management of pulmonary transplant patients	

Qualifications

Renewal Criteria Minimum 100 Core cases required during the past 2 years
 Maintain current certification or active participation in the examination process leading to certification in Pulmonary Disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

FPPE

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation (Criteria - In accordance with Hospital Sedation Policy completion of the SHC sedation exam required every 2 years)	
	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)	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics (Criteria - Teaching appointment required)	
	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.]	
	Thoracostomy tube placement (Initial Criteria - Must have received formal training in tube thoracostomy. Minimum 10 cases required - Documentation log required. Renewal Criteria - Minimum 6 cases required during the past two years)	
	Central Venous Catheter Insertion [Criteria - Must complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only]	
	Rigid Bronchoscopy (Initial Criteria - 10 procedures within the previous 2 years - Case log required. Renewal Criteria - Minimum 5 cases required in the past two years)	
	Endobronchial Tumor Ablation (Initial Criteria - 10 procedures within the previous 2 years - Case log required. Renewal Criteria - Minimum 5 cases required in the past two years)	
	Laser Bronchoscopy (Initial Criteria - 10 procedures within the previous 2 years - Case log required. Renewal Criteria - Minimum 5 cases required in the past two years)	

FPPE

- Administration of Moderate Sedation
- Central Venous Catheter Insertion
- Rigid Bronchoscopy (by a credentialed interventional pulmonologist or thoracic surgeon)
- Endobronchial Tumor Ablation (by a credentialed interventional pulmonologist or thoracic surgeon)
- Laser Bronchoscopy (by a credentialed interventional pulmonologist or thoracic surgeon)
- Thoracostomy tube placement

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.

[applicant]

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

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 electronically signed, dated and approved this privilege request _____ Date _____