Stanford HEALTH CARE

Privileges in Nephrology

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 an ACGME or AOA-accredited residency/fellowship in nephrology or foreign equivalent training.
	AND
	Current certification or active participation in the examination process leading to certification in nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.
	AND
	Documentation or attestation of the performance of an adequate number of nephrology procedures on inpatients or outpatients as the attending physician (or senior resident) 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	**Request all privileges listed below.** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Additional Request	
	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	

Core Privileges

Request	**Request all privileges listed below.** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Privileges included in the Core:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment or consultative services to patients presenting with illnesses, injuries, and disorders of the kidneys.	
	Placement of temporary vascular access for hemodialysis and related procedures	
	Acute and chronic hemodialysis	
	Peritoneal dialysis (excluding placement of temporary peritoneal catheters)	
	Continuous renal replacement therapy	
	Percutaneous biopsy of both autologous and transplanted kidneys	
	Catheter insertion	
	Hemoperfusion	
	Renal clearance studies	
	Plasmapheresis	
	Management of transplant patients	
	Central Venous Catheter Insertion [CRITERIA - Must complete "Getting to Zero" educational module]	

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Nephrology

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	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.]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Administration of Moderate Sedation

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