Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:
Note that privileges granted may be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
To be eligible to apply for core privileges in pathology (anatomic, clinical), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in clinical and/or anatomic pathology (which includes cytopathology training) with board certification in clinical and/or anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology achieved within six months of initial granting of privileges at SRMC.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Reappointment requirements: To be eligible to renew core privileges in pathology, the applicant must meet the following maintenance of privilege criteria:
Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

ANATOMIC PATHOLOGY CORE PRIVILEGES

Diagnosis, exclusion, and monitoring of disease by general anatomical pathology examination of tissue specimens, cells and body fluids (cytopathology), and performance of autopsies. This section also includes cytopathology, dermatopathology and neuropathology. Adhere to medical staff policy regarding emergency and consultative call services.

Required previous experience: Applicants for initial appointment must be able to demonstrate full or part-time anatomic pathology services, reflective of the scope of privileges requested, for the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, fellowship, or research in a clinical setting within the past 12 months.

☐ Requested
Clinical laboratory tests on body fluids and secretions generally classified under the headings of microbiology, hematology, immunohematology, blood banking, clinical chemistry and immunology. Privileges include but are not limited to: oversight of performance of testing in accordance with CAP quality standards, interpretation and evaluation of special laboratory tests. Adhere to medical staff policy regarding emergency and consultative call services.

Required previous experience: Applicants for initial appointment must be able to demonstrate full or part-time clinical pathology services, reflective of the scope of privileges requested, for the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, fellowship, or research in a clinical setting within the past 12 months.

☐ Requested

Qualifications for Genetic Pathology

Criteria: Successful completion of an accredited ACGME or AOA residency in clinical and/or anatomic pathology.

Required previous experience: Applicants for initial appointment must be able to demonstrate full or part-time molecular genetic pathology services, reflective of the scope of privileges requested, for the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in molecular genetic pathology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
GENETIC PATHOLOGY CORE PRIVILEGE

Apply laboratory techniques of molecular biology and molecular genetics for diagnosis and management of disease in patients of all ages with Mendelian genetic disorders, disorders of human development, infectious diseases, and malignancies to assess the natural history of those disorders. Provide information about gene structure, function and alteration and apply laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders. Adhere to medical staff policy regarding emergency and consultative call services.

☑ Requested

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

☑ Requested

QUALIFICATIONS FOR BONE MARROW BIOPSY

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training in anatomic and/or clinical pathology that included training in bone marrow biopsy.


Maintenance of privileges: Demonstrated current competence and evidence of the performance of 4 bone marrow biopsies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☑ Requested
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.

Anatomic Pathology Core Procedures
Autopsy
Cytopathology aspiration
Performance of skin biopsy

Clinical Pathology Core Procedures
None

Molecular and Genetic Pathology Core Procedures
None
Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, and I understand that:

a. 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.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed ____________________________ Date ________________

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Print Name __________________________________________ Signature ____________________________ Date ________________

Clinical Service Chief or Designee Signature