UNM SRMC
SLEEP MEDICINE CLINICAL PRIVILEGES

Name:
Effective Dates: ___________ To: ____________

☐ 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: 08/21/2013

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:
1) 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.

2) 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 sleep medicine, the applicant must meet the following criteria:

Successful completion of an American Academy of Sleep Medicine (AASM)—or Accreditation Council for Graduate Medical Education—accredited fellowship program in sleep medicine.

AND/OR

Current specialty certification in Anesthesiology, Internal Medicine, Family Medicine, Neurology, Otolaryngology, or Psychiatry by the relevant American Board of Medical Specialties or by the relevant American Osteopathic Board

AND/OR

Current subspecialty certification or active participation in the examination process with achievement of certification within 3 years leading to subspecialty certification in sleep medicine by the relevant American Board of Medical Specialties or completion of a certificate of added qualifications by the relevant American Osteopathic Board.

OR

Current certification by the AASM is acceptable for applicants who became certified prior to 2007.

AND

**Required previous experience:** Applicants must be able to demonstrate provision of care reflective of scope of privileges requested, in the last 24 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in sleep medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (inpatient,
outpatient or consultative services) with acceptable results, reflective of the scope of 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.

**Core privileges: Sleep medicine**

Admit, evaluate, diagnose, and provide consultation and treatment to patients of all ages presenting with conditions or disorders of sleep, including sleep-related breathing disorders (such as obstructive sleep apnea), circadian rhythm disorders, insomnia, parasomnias, disorders of excessive sleepiness (e.g., narcolepsy), sleep-related movement disorders, and other conditions pertaining to the sleep-wake cycle. May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

☐ Requested

**CORE PROCEDURES LIST**

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.

1. Performance of history and physical exam
2. Diagnosis and management of sleep/wake disorders
3. Actigraphy interpretation
4. Oximetry interpretation
5. Sleep log interpretation

**SPECIAL NONCORE PRIVILEGES**
Criteria: Current subspecialty certification in sleep medicine or certification of added qualification in sleep medicine by the relevant American Board of Medical Specialties or by the relevant American Osteopathic Board.

OR

Current certification by the American Board of Sleep Medicine is acceptable for applicants who became certified prior to 2007.

AND

Provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Required Current Experience: Demonstrated current competence and evidence of an acceptable volume of sleep study interpretation procedures with acceptable results, for 12 months during the last 2 years; or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of an acceptable volume of sleep study interpretation procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

Sleep Study Interpretation, including via telemedicine

Privilege includes interpretation of polysomnograms (including sleep stage scoring), home sleep testing (also known as respiratory polygraphy or type 3 portable monitoring), multiple sleep latency tests, and maintenance of wakefulness tests in the sleep laboratory or via telemedicine.

☐ Requested
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:

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Notes:

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Print Name ________________________________ Signature ____________________________ Date _____________________

Clinical Service Chief or Designee Signature

Practice Area Code: SRMC-Sleep Version Code: 03-2014a