All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 11/20/2015

INSTRUCTIONS

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.

Department Chair: 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 only be exercised at UNM Hospitals and clinics 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 defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
Qualifications for Co-management Core Privileges

**Initial Applicant** - To be eligible to apply for co-management core privileges, the initial applicant must meet the following criteria:

- Eligibility for Active Medical Staff membership in UNM Hospitals and clinics as Medical Staff, or as an Allied Health Professional as defined within the UNMH Medical Staff Bylaws
  
  AND

- Clinical Department Chair recommendation

**Renewal of Privileges** - To be eligible to renew co-management core privileges, the reapplicant must meet the following criteria:

- Eligibility for ongoing Active Medical Staff Membership at UNM Hospital as Medical Staff, or as an Allied Health Professional, as defined within the UNMH Medical Staff Bylaws.

  AND

- Clinical Department Chair recommendation

**CORE PRIVILEGES: Co-management**

Co-management privileges are an addition to Core Privilege sets that are being simultaneously requested. Co-management privileges are designed to be requested by Active Medical Staff with low-volume clinical practices due to high administrative or leadership workloads. In circumstances where clinical volumes may be insufficient to generate adequate data for review, co-management privileges may be appropriate. Co-management privileges apply to all other requested privileges and require that an assigned co-managing peer clinician be pre-identified for each patient encounter. The degree of involvement of the co-managing peer clinician is provider, patient and Department-specific as defined in the required Departmental attachment (“Departmental Co-Management Plan”) to the privilege application. The applicant may not exercise privileges beyond those held by the co-managing peer who must also be immediately available for consultation by the applying Medical Staff member during the exercise of the applicant’s clinical privileges.

☐ 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 Hospitals and clinics, 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 ______________________

**Department Chair recommendation**

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- [ ] Recommend all requested privileges with the standard professional practice plan
- [ ] Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- [ ] Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Department Chair Signature _________________________ Date ______________________

Criteria approved by UNMH Board of Trustees on 11/20/2015