

**Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

Initial privileges (initial appointment)

|           |
|-----------|
| Requested |
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Renewal of privileges (reappointment)

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| Requested |
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Expansion of privileges (modification)

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| Requested |
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**Clinic:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Instructions**

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board 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 & Clinic Medical Director:** 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 UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## **Policies Governing Scope of Practice**

### **Medical Record Charting Responsibilities**

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

### **Periodic Competence Assessment**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

## ***Qualifications for Infectious Disease***

**Initial Applicant** - *To be eligible to apply for privileges in infectious disease, the 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 internal medicine and successful completion of a fellowship in infectious disease.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in infectious disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

AND

**Required current experience:** Provision of care, reflective of the scope of privileges requested, for an adequate number of inpatients or outpatients as the attending physician during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months,

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**Reappointment (Renewal of Privileges) Requirements-** *To be eligible to review privileges in infectious disease, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience 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 requested of all applicants for renewal of privileges.

### **CORE PRIVILEGES: *Infectious Disease***

Evaluate, diagnose, consult and provide care to patients of all ages, with infectious diseases of all types and in all organ systems. This includes but is not limited to infections of the reproductive organs; infections in solid organ transplant patients; infections in bone marrow transplant recipients; sexually transmitted diseases; viral hepatitis, including hepatitis B and C; and infections in travelers. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested**

### ***Infectious Disease Core procedures list***

This list is a sampling of procedures included in the core. This is not intended to be all encompassing list but rather 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 procedures that you do not wish to request, initial, and date.

1. Perform history and physical exam
2. Administration of antimicrobial and biological products via all routes
3. Application and interpretation of diagnostic tests
4. Aspiration of superficial abscess
5. Interpretation of Gram's stain
6. Lumbar puncture
7. Management, maintenance, and removal of indwelling venous access catheters

## Infectious Disease Clinical Privileges

### 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 \_\_\_\_\_

### SOM Department Chair Recommendation(s)

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:

Notes: \_\_\_\_\_

Dept Chair \_\_\_\_\_ Date \_\_\_\_\_

UNMMG Medical Director \_\_\_\_\_ Date \_\_\_\_\_

CMO or ACMO \_\_\_\_\_ Date \_\_\_\_\_

Criteria Approved by UNMMG Board of Directors on \_\_\_\_ (Date)