UNIVERSITY OF MARYLAND MEDICAL CENTER
Department of Medicine, Division of Pulmonary & Critical Care Medicine
Delineation of Privilege Form

Applicants for membership in the Department of Medicine, Division of Pulmonary & Critical Care Medicine of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff.

Name: _____ **Date:** _____

Please indicate the Staff Category to which you wish to apply: *(refer to Medical Staff Bylaws for qualifications)*
_____ **Active** _____ **Courtesy**

Please check where privileges will be performed:

___UHC: Transplant Clinic ___UHC: Medical Specialties ___University Medical Center ___ All Sites

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval Initial if Yes Write Not Approved if No**
<u>Category 0</u>: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. ***Approved per the Medical Staff Bylaws***	**√***	**Yes**
Category I – Core Privileges: To be eligible for core privileges, applicants must have completed an ACGME approved Internal Medicine residency program and be Board Certified or Equivalent (or a candidate for Board Certification)		
Outpatient/Ambulatory Services: Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: • General patient examination and care involving observation, assessment, planning, implementation and evaluation. • Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs. • Performs Preventative health care counseling and instructs patients and/or families on treatment plans. **Ambulatory Service locations are as follows:**		
UHC: Transplant Clinic: Privileges include ambulatory core privilege listed above in addition to: thyroid biopsy, injection, trigger point, thoracentesis, I&D abcess-simple, anoscopy, lumbar puncture		
UHC: Medical Specialties: Privileges include ambulatory core privilege listed above in addition to: thyroid biopsy, injection, trigger point, thoracentesis, I&D abcess-simple, anoscopy, lumbar puncture		
UMMC Services: Core privileges include but are not limited to cardioversion, central venous catheter insertion, gastric intubation, electrocardiogram review, thoracentesis, paracentesis, arterial blood gas analysis, pelvic examination, proctosigmoidoscopy, arthrocentesis, open wound culture, placement of urethral catheter, lumbar puncture, arterial line insertion, supervision of pulmonary function tests, supervision of exercise testing, supervise and interpret inhalation challenge studies.		

Name: _____ **Date:** _____

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval** Initial if Yes Write Not Approved if No
Category II: to be eligible for Category II privileges, applicants must have completed an ACGME approved Pulmonary and/or Critical Care Medicine Fellowship program, be Board Certified or Equivalent (or be a candidate for Board Certification), and provide documentation as to course work and recent experience. **Category II privileges are as follows:**		
Oral/nasal intubation		
Fiberoptic bronchoscopy		
Transbronchial biopsy		
Transtracheal/bronchial needle aspirate		
Needle biopsy of the pleura		
Ventilator management		
Pulmonary function test interpretation		
Placement of pulmonary artery balloon catheters		
Insertion and management of chest tubes		
Pleurodesis		
Insertion of esophageal balloon		
Temporary transvenous pacemaker placement		
Gastroesophageal balloon tamponade		
Pericardiocentesis		
Percutaneous tracheostomy		
Percutaneous Fine Needle Aspirate		
SCOOP placement		
Continuous venovenous hemofiltration		
Interpretation of cardiopulmonary exercise studies		
Dialysis		
Category III: to be eligible for Category III privileges, applicants must have completed an ACGME approved Pulmonary or Critical Care Medicine fellowship program, be Board Certified or Equivalent (or be a candidate for Board Certification), and provide documentation as to course work and recent experience. **Category III privileges are as follows:**		
Interpretation of sleep studies *(requires separate certification)*		
Endobronchial balloon dilation *(Must have completed 5 cases in 2 years)*		
Placement of endobronchial stents *(Must have completed 5 cases in 2 years)*		
Placement of brachytherapy catheters *(Must have completed 5 cases in 2 years)*		
Right heart catheterization		
Laser treatment of obstruction or bleeding endobronchial lesion *(*separate laser application required—see below)*		
Insertion of endobronchial occlusion catheter for hemoptysis		
Category IV: Special/Cross Disciplinary Procedures:		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). (Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)		

Name: _____ Date: _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon		
Nd-Yag		
Ultrasound Procedures (please list)		

_____ _____
Applicant's Signature Date

_____ _____
Jeffrey D. Hasday, MD Date
Division Chief, Pulmonary & Critical Care Medicine

_____ _____
Stephen N. Davis, MBBS, FRCP, FACP, Department Chairman Date

_____ _____
Applicant's Confirming Signature Date
(required if any requested privilege is not approved)

Rev'd 11/07

UNIVERSITY OF MARYLAND MEDICAL CENTER
APPLICATION FOR INITIAL PRIVILEGES FOR CLINICAL USE OF LASERS

NAME: _____

DEPT/DIVISION: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE:_____

For which type of laser are you applying for privileges?

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other_____

Approximately how many cases have you done with the laser?

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other_____

For what types of surgery do you use the laser? _____

_____

Formal courses taken in laser surgery: Specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

_____

_____

_____

Training with lasers during residency and/or during practice: Where it occurred, who supervised you, number of cases done with supervision, dates.

_____

_____

After completing this form, please return it to the Department of Medical Staff and Graduate Medical Services, 29 South Greene Street, Room 420, Baltimore, MD 21201.

_____ _____
Applicant's Signature Date

_____ _____
Signature of Department/Division Chief Date

_____ _____
Approved by Credentials Committee Member Date

UNIVERSITY OF MARYLAND MEDICAL CENTER
APPLICATION FOR RECERTIFICATION FOR CLINICAL USE OF LASERS

NAME: _____

DEPT/DIVISION: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE:_____

Current privileges are for the following lasers:

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other_____

Please list the type of laser and procedures for which you are requesting continued privileges. (Use additional pages if needed for the following information.)

TYPE OF LASER	PROCEDURES

List the laser cases which you have done in the past two years:

TYPE OF LASER	PROCEDURE	NUMBER DONE	NUMBER AND TYPE OF COMPLICATIONS, IF ANY

Since your original certification, have you had any further formal courses in laser surgery? If so, specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

_____

_____

After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax to 410-328-6433.

_____ _____
Applicant's Signature Date

_____ _____
Signature of Department/Division Chief Date

_____ _____
Approved by Credentials Committee Member Date