UNIVERSITY OF MARYLAND MEDICAL CENTER
Department of Medicine, Division of Rheumatology
Delineation of Privilege Form

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

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

Name: _____ **Date:** _____

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval** **Initial if Yes** **Write Not Approved if No**
Category 0: 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 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, anonscopy, 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, anonscopy, 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 and pap smear, open wound culture, placement of urethral catheter, lumbar puncture, and arterial line insertion.		
Category II: to be eligible for Category II privileges, applicants must have completed an ACGME approved Rheumatology Fellowship program, *be Board Certified or Equivalent*, and provide documentation as to course work and recent experience. **Category II privileges are as follows:**		
Arthrocentesis		
Joint Injection		
Aspiration and/or injection of bursae		
Injection of Tenosynovial Structures and Entheses		

Name: _____ **Date:** _____

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval** **Initial if Yes** **Write Not Approved if No**
Category II: <u>Special/Cross Disciplinary Procedures</u>:		
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.)*		
Ultrasound Procedures (please list)		

_____ _____
Applicant's Signature Date

_____ _____
Marc Hochberg, MD, Division Chief Date

_____ _____
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