Delineation Of Privileges

Surgical Fellowship Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

CORE PRIVILEGES - SURGICAL FELLOWSHIP:

Criteria: Board certification or qualified for certification by the American Board of Surgery; OR, completion of a ACGME or AOA Surgery Residency Program.

	Requested	Deferred	Approved
GENERAL PRIVILEGES: Includes the management and coordination of care, treatment and services, including Medical History and Physical Examinations; Consultations and prescribing medications in accordance with DEA certificate.	___	___	___
Co-Admitting privileges	___	___	___
Surgical Assist Privileges	___	___	___

Revised: 5/24/12

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my 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 a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: ____ Date:____________________________

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: ______ YES ______ NO

Exceptions/Limitations (Please Specify): ____

APPROVALS:

Section Chair: ____ Date: _________________

Department Chair: ____ Date: _________________

Delineation Of Privileges

Surgical Fellowship Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

Credential Committee Date: __________________________

Medical Executive Committee Date: ___________________
Board of Directors Approved on: ______________________