

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

| Requested

Renewal of privileges (reappointment)

| Requested

Expansion of privileges (modification)

| Requested

Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the clinic for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

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 hospital 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 Co-Management Core Privileges

Initial privileges: *To be eligible to apply for Co-Management clinical privileges, the initial applicant must meet the following criteria:*

Active Medical Staff membership at UNM Medical Group, or as an Allied Health Professional as defined with the UNM Medical Group policy and procedures.

AND

Clinical Department Chair recommendations

Reappointment Requirements: *To be eligible to renew Co-Management Clinical privileges the reapplicant must meet the following criteria:*

Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. Ability to meet afore mentioned initial requirements is also required to renew privileges.

Core Privileges: Co-Management

Co-Management privileges are an addition to Core Privilege sets that being simultaneously requested. Co-Management privileges are designed to be required by Active Medical Staff with low-volume clinical practices due to high administrative or leadership workloads. In circumstances where clinical volumes maybe 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 clinic specific as defined in the required clinic attachment (“clinic 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 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 _____

Signatures

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: _____

SOM Department Chair: (print & sign) _____ Date: _____

UNMMG Medical Director: (print & sign) _____ Date: _____

CMO: _____ Date: _____

Criteria Approved by UNMMG Executive Committee on 9/3/15

Work Path: T Drive→CMO Folder→Jessica and Sean SOP→UNMMG Privileges Folder