

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

Requested

Renewal of privileges (reappointment)

Requested

Expansion of privileges (modification)

Requested

Clinic: _____ **Location:** _____

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Approved 5/28/16 Rev: 4/26/16

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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 Chari & 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.

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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.

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Qualifications for Vascular Surgery

Initial Applicant - To be eligible to apply for privileges in vascular surgery, 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 general surgery followed by successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery, or successful completion of an ACGME / AOA accredited integrated vascular residency.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification or special/added qualifications in vascular surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of a minimum of an adequate number of vascular surgery procedures, reflective of the scope of privileges requested, within the past 12 months, the majority being of a reconstructive nature excluding cardiac surgery; or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment (Renewal of Privileges) Requirements- To be eligible to renew privileges in vascular surgery, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience in vascular surgery procedures with acceptable outcomes, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: *Vascular Surgery*

Evaluate, diagnose, provide consultation, and treat patients of all ages with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or the heart. Assess, stabilize, and determine the 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

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 which you do not wish to request, then initial and date.

1. Venography, both diagnostic and intra-operative
2. Central venous access catheters and ports
3. Sclerotherapy
4. Performance of duplex scanning of all veins for diagnosis or postoperative assessment
5. Vein ligation and stripping, vein ablation, microphlebectomies
6. Venous reconstruction
7. Use of ultrasound for percutaneous access of veins

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Qualifications for Endovenous Laser Ablation via All Energy Sources

Criteria: Successful completion of an ACGME – OR AOA – accredited training program that included supervised training in the diagnosis and treatment of varicose veins and training in interpreting ultrasound examinations of the legs. Applicants must demonstrate completion of training in endovenous laser ablation, which included the performance/interpretation of an adequate number of endovenous laser ablation procedures. Applicant must demonstrate training and experience with specific energy source to be used.

Required previous experience: Demonstrated current competence and evidence of the performance and/or interpretation of an adequate number of endovenous laser ablation procedures in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance and/or interpretation of an adequate number of endovenous laser ablation procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

<i>NON-CORE PRIVILEGE: Endovenous Laser Ablation via All Energy Sources</i>
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Requested

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Qualifications for Use of Laser

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Use of Laser*

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Qualifications for the Interpretation of Vascular Laboratory Studies

Criteria: Applicant must demonstrate an appropriate level of training and experience by meeting one or more of the following: Successful completion of an ACGME – or AOA – accredited vascular surgery residency or vascular surgery fellowship that included appropriate didactic and clinical vascular laboratory experience as an integral part of the program and included the minimum of an adequate number of carotid duplex ultrasound procedures while under supervision,

AND

Attainment of RPVI (Registered Physician in Vascular Interpretation) or RVT (Registered Vascular Technologist) certification

Reappointment requirements: Obtain RPVI or RVT certification

NON-CORE PRIVILEGE: *Interpretation of Vascular Laboratory Studies*

Requested

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Qualifications for Plastic/Cosmetic Surgery

Initial Applicant - To be eligible to apply for privileges in plastic/cosmetic surgery, the initial 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 plastic surgery, Otolaryngology, or Ophthalmology.

AND

Current certification or active participation in the examination process leading to certification in Plastic/Otolaryngology or Ophthalmology surgery by the American Boards or the American Osteopathic Boards of Surgery in Plastic/Otolaryngology or Ophthalmology Surgery.

AND

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of an adequate number of plastic/cosmetic surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in plastic/cosmetic surgery, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience with demonstrated current competence and acceptable outcomes, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Continued...

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CORE PRIVILEGES: *Plastic/Cosmetic Surgery*

Evaluate, diagnose, and provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. Assess, stabilize, and determine the 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***Plastic Surgery/Cosmetic Core Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an 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 which you do not wish to request, then initial and date.

1. Facial plastic surgery to include cosmetic surgery on the skin, face, nose, external ear, eyelids, lips (to include such procedures as botox injection, chemical peels, abrasions, fat grafting, soft tissue fillers)
2. Hair transplantation, punch or strip
3. Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities
4. Performance of history and physical exams
5. Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction
6. Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, the use of pedicle flaps, or tissue fillers
7. Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons
8. Removal of benign and malignant tumors of the skin
9. Surgery of congenital anomalies, including revision of cleft lip and cleft palate

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Qualifications for Ultrasonic-Assisted Liposuction

Criteria: Successful completion of an accredited postgraduate training program in plastic surgery or general surgery and the performance of at least 50 surgical procedures designed to shape and contour the body; and evidence of at least 30 CME hours covering indications for, technical aspects of, and post-procedure management of liposuction (if not covered in the applicant's residency).

Required previous experience: Demonstrated current competence and evidence of the performance of an adequate number of ultrasonic assisted liposuction procedures with demonstrated current competence and acceptable outcomes in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of an adequate number of ultrasonic-assisted liposuction procedures with demonstrated current competence and acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

NON- CORE PRIVILEGES: *Ultrasonic Assisted Liposuction*

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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: _____

Department Chair: _____ **Date:** _____

Clinic Medical Director: _____ **Date:** _____

UNMMG CMO: _____ **Date:** _____

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