

DEPARTMENT: MEDICINE

SECTION: NEPHROLOGY

Name: _____
(please print)

Qualifications: EDUCATION / TRAINING / EXPERIENCE

Core privileges in nephrology require a MD or DO and current certification in Internal Medicine; Current certification in Nephrology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine; OR Successful completion of an accredited residency training program in Nephrology that qualifies for Board Certification Board certification. Board Certification may be required within five years of appointment to medical staff based on departmental guidelines. Applicants shall submit a listing of all major operative or invasive procedures performed in the last 24 months.

PRIVILEGING

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below. Applicant: Place a check mark and initial in the (R) column for each privilege requested. Initial applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A)=Recommended as Requested (C)= Recommended with Conditions (N)=Not Recommended

Note: If recommendations for clinical privileges includes a condition, modification or not recommended, the specific condition and reason for same must be stated on the last page of this form.

(for office use only) Initial _____ Renewal _____ Effective ___/___/___ to ___/___/___

(R)	(A)	(C)	(N)	CATEGORY I: NEPHROLOGY CORE PRIVILEGES			Department Chair Initials
				Privileges to admit, consult, evaluate, diagnose, and provide non-surgical treatment to patients—except where specifically excluded from practice and except for those advanced procedure privileges listed below—presenting with illnesses and disorders of the kidneys. Privileges include hemodialysis, catheter insertion, and placement of temporary vascular access, placement of peritoneal dialysis catheter, and renal dialysis.			
				Children 2 years to 14 years			
				Adolescents 14 to 18 years			
				Adults 18 years and greater			
(R)	(A)	(C)	(N)	CATEGORY II: NEPHROLOGY SPECIAL PRIVILEGES <i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			Department Chair Initials
				Privilege Requested	Required Previous Experience	Reappointment Criteria	
				Administration of Moderate Sedation	For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.		

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DEPARTMENT CHAIRMAN RECOMMENDATION

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Conditions	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Deferred for Committee Discussion
Comments:			

 Department Chairman Signature _____/_____/_____
 Date

ACCEPTANCE AND APPROVAL

 Credentials Chairman Signature _____/_____/_____
 Date

 President of Medical Staff Signature _____/_____/_____
 Date