

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 UNMMG Board for a proper evaluation of current competence, current activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: 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 in UNMMG clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined by the clinic or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to.

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Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the DC provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and requested 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. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

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Qualifications for Endocrinology, Diabetes, and Metabolism

Initial Applicant – To be eligible to apply for privileges in endocrinology, diabetes, and metabolism, 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 internal medicine, followed by successful completion of a fellowship in endocrinology, diabetes, and metabolism.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in endocrinology, diabetes, and metabolism by the American Board of Internal Medicine or Certificate of Special Qualifications in endocrinology by the American Osteopathic Board of Internal Medicine.

AND

Required current experience: Inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months, to include 5 thyroid biopsies, or success completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements- *To be eligible to renew privileges in endocrinology, diabetes, and metabolism the applicant must meet the following criteria:*

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

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Continued...

CORE PRIVILEGES: *Endocrinology, Diabetes, and Metabolism*

Requested

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. Performance of history and physical exam
2. Interpretation of laboratory studies, including the effects of non-endocrine disorders
3. Interpretation of hormone assays
4. Performance of and interpret stimulation and suppression tests
5. Performance of fine-needle aspiration of the thyroid
6. Radiologic measurement of bone density and perform other tests used in the management of osteoporosis and other metabolic bone diseases
7. Interpret radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases
8. Radionuclide localization of endocrine tissue
9. Ultrasonography of the soft tissues of the neck

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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 _____

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: _____ **Date:** _____

UNMMG Medical Director: _____ **Date:** _____

CMO or ACO _____ **Date:** _____

Criteria Approved by UNMMG Executive Committee on 5/28/15

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