

Delineation of Privileges (DOP) Instructions

1. Place a check-mark in the box next to “CORES” and “Special Privileges” that describe the clinical practice you intend to practice at Regions Hospital
2. For each CORE or Special Privilege selected:
 - ✓ Note the Basic Education and Minimal Formal Training – are you eligible to make the request as outlined in the DOP?
 - ✓ Read the “Required Documentation and Experience” section carefully and provide the necessary documentation
 - If providing the name of a peer, be sure to provide complete contact information (including phone number or email)
 - Attach copies of current life support certification, if applicable
 - Physician Assistants: Attach current copy of PA Agreements (Delegation Agreement and Notice of Intent to Practice). Have sponsoring physician sign and date DOP.
 - Nurse Practitioners: Attach current copy of Advanced Practice Registered Nurse Prescriptive Agreement. Have sponsoring physician sign and date DOP.
 - Certified Nurse Midwives: Attach current copy of Collaborative Agreement signed and dated by sponsoring physician.
 - Attach any additional documentation required for the privileges you are requesting
3. Sign and date the form(s)
4. If you require privileges in more than one specialty or conscious sedation, sign and date all the applicable DOP forms
5. For reappointment applications, a copy of the privileges requested at your last appointment is included for your reference