

# Regions Hospital Delineation of Privileges Dermatology

Applicant's Name: \_\_\_\_\_  
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
  - Review *education and basic formal training* requirements to make sure you meet them.
  - Review *documentation and experience* requirements and be prepared to prove them.
    - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
    - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
  - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

## Overview

Core I – general staff privileges in dermatology

Special Privileges

laser

Mohs micrographic surgery

dermatopathology

Core procedure list

Signature page

☐ **CORE I — General privileges in dermatology**

<b>Privileges</b>			
<p>Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, with benign and malignant disorders of the skin, mouth, external genitalia, hair and nails, as well as sexually transmitted diseases. Includes the diagnosis and treatment of skin cancers, melanomas, moles and other tumors of the skin, management of contact dermatitis and other allergic and non-allergic skin disorders, cosmetic disorders of the skin such as hair loss and scars, the skin changes associated with aging, and recognition of skin manifestations of systemic and infectious disease. 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 procedures list and such other procedures that are extensions of the same techniques and skills.</p>			
<b>Basic education and minimal formal training</b>			
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH.</li> <li>2. Successful completion of an approved ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited dermatology residency program.</li> <li>3. Current board certification in dermatology -- or active participation in the examination process with achievement of certification within 5 years – by the American Board of Medical Specialties, or the American Osteopathic Board.</li> </ol>			
<b>Required documentation and experience</b>			
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Successful completion of an ACGME- or AOA-accredited residency within the past 24 months;  <b>and</b>                      Provide contact information for the residency training program director whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li> </ol> <div style="text-align: center; margin-top: 20px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> <p style="margin-top: 20px;"><b>Or</b></p> <p>If more than 2 years beyond completion of residency, provide the names of two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competence.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding-right: 10px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </td> </tr> </table>		<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
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**REAPPOINTMENT APPLICANTS:**

1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Special privileges in dermatology (check those that apply)

Privilege
<input type="checkbox"/> Mohs' Micrographic Surgery
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. Same criteria as Core I privileges.</li><li>2. Formal training in Mohs' Micrographic Surgery.</li></ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of completion of a Mohs micrographic surgery training program by the director, or equivalent; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide evidence of providing Mohs' micrographic surgery to patients on an ongoing basis; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>

Special privileges in dermatology continued (check those that apply)

Privilege
<input type="checkbox"/> Dermatopathology
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. Same criteria as Core I privileges</li><li>2. Successful completion of a fellowship in dermatopathology.</li><li>3. Current certification in dermatopathology -- or active participation in the examination process, with achievement of certification within 5 years – by the American Board of Dermatology and Pathology.</li></ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide evidence of successful completion of a dermatopathology fellowship program from the program director <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of the practice of dermatopathology on an ongoing basis; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>

☐ Special privileges — laser

Privileges								
Indicate selection/s with an "X." Practitioner agrees to limit practice to the specific laser chosen.  <table border="0"><tr><td><input type="checkbox"/> Angiodynamics endovenous diode (model venus cure)</td><td><input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1)</td></tr><tr><td><input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000)</td><td><input type="checkbox"/> Sharplan CO2 (model 1041S)</td></tr><tr><td><input type="checkbox"/> Lumenis Holium Yag (model power suite 100W)</td><td><input type="checkbox"/> SSI CO2 40W (model: MD40)</td></tr><tr><td><input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)</td><td></td></tr></table>	<input type="checkbox"/> Angiodynamics endovenous diode (model venus cure)	<input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1)	<input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000)	<input type="checkbox"/> Sharplan CO2 (model 1041S)	<input type="checkbox"/> Lumenis Holium Yag (model power suite 100W)	<input type="checkbox"/> SSI CO2 40W (model: MD40)	<input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)	
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<input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000)	<input type="checkbox"/> Sharplan CO2 (model 1041S)							
<input type="checkbox"/> Lumenis Holium Yag (model power suite 100W)	<input type="checkbox"/> SSI CO2 40W (model: MD40)							
<input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)								
Basic education and minimal formal training								
1. Must have Core I privileges. 2. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles; <b>Or</b> Completion of an approved CME course of 8-10 hours duration that included training in laser principles and at least 6 hours of observation and hands-on-experience.								
Required documentation and experience								
<b>NEW APPLICANTS:</b> 1. Provide documentation of the performance of at least five laser procedures in the past 24 months; <b>Or</b> Provide contact information for a residency or fellowship director whom the credentialing specialist may contact to provide an evaluation of your competency with the laser/s requested.  Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____  <b>REAPPOINTMENT APPLICANTS:</b> 1. Provide documentation of the number of procedures performed during the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency with the laser/s requested.  Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____								

## Core Procedure List — Dermatology

**To the applicant:** If you want to exclude any procedures, please strike through those procedures you do not wish to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

Performance of history and physical exam

### **Dermatology**

1. Performance of history and physical exam
2. Botulinum toxin injection
3. Chemical face peels
4. Collagen injections
5. Cryosurgery
6. Destruction of benign and malignant tumors
7. Electrosurgery
8. Excision of benign and malignant tumors with simple, intermediate and complex repair techniques, including flaps and grafts
9. Intralesional injections
10. Potassium hydroxide examination
11. Tzanck smears
12. Patch tests
13. Photomedicine, phototherapy, and topical/systemic pharmacotherapy
14. Sclerotherapy
15. Skin and nail biopsy
16. Soft tissue augmentation

### **ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

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Signature

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Date