

Regions Hospital Delineation of Privileges Internal Medicine - Endocrinology

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 endocrinology

Moderate sedation

Core procedure list

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

Privileges
Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years and older with injuries or disorders of the internal (endocrine) glands and metabolic and nutritional disorders, diabetes in pregnancy or gestational disorders, obesity, pituitary diseases, and menstrual and sexual problems. Assess, stabilize and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the attached procedure list and other procedures that are extensions of the same techniques and skills.
Basic education and minimal formal training
1. MD, DO, MBBS or MB BCH. 2. Completion of an approved internal medicine or internal medicine/pediatric residency program with ACGME, AOA or Royal College of Physicians and Surgeons of Canada. 3. Completion of an accredited fellowship in endocrinology. 4. Current subspecialty certification in endocrinology, diabetes and metabolism by the American Board of Internal Medicine or achievement of a certificate of special qualification in endocrinology by the American Osteopathic Board of Internal Medicine, or active participation in the examination process, with achievement of certification in a subspecialty within 5 years.
Required documentation and experience
NEW APPLICANTS: 1. Verification of completion of an endocrinology fellowship from a program director or designee; Or Competency evidenced by proctorship with a Regions Hospital endocrinology physician, or their designee. 2. Provide contact information for a physician peer, or physician proctor, whom the credentialing specialist may contact for an evaluation of your clinical competency. Name _____ Phone: _____ Name of Facility: _____ Fax: _____ Address: _____ Email: _____ REAPPOINTMENT APPLICANTS: 1. Provide documentation of number of inpatient services performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name _____ Phone: _____ Name of Facility: _____ Fax: _____ Address: _____ Email: _____

Core Procedure List — Endocrinology Clinical Privileges

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.

1. Basic laboratory techniques including interpretation
2. Interpretation of hormone assays
3. Perform and interpret stimulation and suppression tests
4. Perform fine needle aspiration of the thyroid
5. Perform history and physical exam
6. Radiologic measurement and/or interpretation of bone density and other tests used in the management of osteoporosis and other metabolic bone diseases
7. 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
10. Radionuclide treatment (I-131) of hyperthyroidism and/or thyroid cancer

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.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

Signature

Date

Regions Hospital Delineation of Privileges Moderate Sedation

Privilege
☐ Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
Basic education and minimal formal training
1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS, 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program. 3. Current ACLS, ATLS or PALS certification.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of successful completion of an examination provided by the Regions medical staff services Or Document experience by providing one of the following: • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, ATLS or PALS certification. REAPPOINTMENT APPLICANTS: 1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; Or Provide documentation from Division/Section Head that attests to ongoing current competence. 2. Provide documentation of current ACLS, ATLS or PALS certification.

TO BE COMPLETED BY APPLICANT: I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

Signature

Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

Signature

Date