Regions Hospital
Delineation of Privileges
Pathology

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. Where 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 privileges in anatomic pathology
Core II – General privileges in clinical pathology
Core III – Dermatopathology
Special privileges
    Bone marrow biopsy
    Cytopathology
Core procedure list
Signature page

☐ CORE I — Anatomic pathology

Privileges
Patient diagnosis, ordering, consultation and laboratory medical direction in the following disciplines: surgical pathology, autopsy pathology, cytopathology and other routine anatomical pathology functions. The core privileges include the procedures listed on the attached privileges list and such 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. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited residency in pathology. 3. Current certification, or active participation in the examination process, with achievement of certification within 5 years, by the American Board of Pathology.
Required documentation and experience
NEW APPLICANTS: 1. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ **REAPPOINTMENT APPLICANTS:** 1. Provide documentation of direct or supervisory experience in responsible care of pathology patients; ***Or*** Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

☐ CORE II — Clinical pathology

Privileges
Patient diagnosis, ordering, consultation and laboratory medical direction in the following clinical pathology disciplines: chemistry, hematology/coagulation, transfusion medicine, microbiology, clinical microscopy, immunology, clinical pathology consultation, diagnostic interpretation of laboratory results and other routine clinical pathology functions. The core privileges include the procedures listed on the attached privileges list and such 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. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited residency in pathology. 3. Current certification, or active participation in the examination process, with achievement of certification within 5 years, by the American Board of Pathology.
Required documentation and experience
NEW APPLICANTS: 1. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ **REAPPOINTMENT APPLICANTS:** 1. Provide documentation of direct or supervisory experience in responsible care of pathology patients; ***Or*** Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

☐ CORE III — Dermatopathology

Privileges
Diagnose and monitor diseases of the skin, including infectious, immunologic, degenerative and neoplastic diseases, for patients of all ages.
Basic education and minimal formal training
1. MD, DO, MBBS or MB BCH. 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited residency in pathology. 3. Successful completion of a fellowship in dermatopathology. 4. Current certification, or active participation in the examination process, with achievement of sub-specialty certification within 5 years, in dermatopathology by the American Board of Pathology or a completion of a certificate of added qualifications in dermatopathology by the American Osteopathic Board of Pathology.
Required documentation and experience
NEW APPLICANTS: 1. Provide contact information for the program director of the dermatopathology fellowship program whom the credentialing specialist may contact for an evaluation of your clinical competency; ***Or*** Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ **REAPPOINTMENT APPLICANTS:** 1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Special privileges in pathology – check those that apply

Privileges
☐ Bone marrow biopsy
Basic education and minimal formal training
1. Applicant must request and qualify for core I privileges. 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited postgraduate training in anatomic pathology or cytopathology that included training in bone marrow biopsy.
Required documentation and experience
NEW APPLICANTS: 1. Provide evidence of the performance of at least 3 bone marrow biopsies in the past 12 months; ***Or*** Provide evidence of completion of relevant training in the past 12 months; 2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ **REAPPOINTMENT APPLICANTS:** 1. Provide evidence of the performance of 6 bone marrow biopsies in 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: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Special privileges in pathology (continued)

Privileges
☐ Fine needle aspiration and biopsy procedures
Basic education and minimal formal training
1. Applicant must request and qualify for core I privileges. 2. Successful completion of an accredited fellowship in cytopathology.
Required documentation and experience
NEW APPLICANTS: 1. Provide evidence of the performance of at least 2 fine needle aspiration and biopsy procedures in the past 12 months, ***Or*** Provide evidence of completion of relevant training in the past 12 months. 2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ **REAPPOINTMENT APPLICANTS:** 1. Provide evidence of the performance of 4 fine needle aspiration and biopsy procedures in 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: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____

Core Procedure List — Pathology Clinical Privileges

Anatomical and Clinical Pathology

- Performance of history and physical exam

Dermatopathology

- Examination and interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopy

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