

Regions Hospital Delineation of Privileges Foot and Ankle Surgery / Podiatry

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 privileges in podiatry
- Core II – forefoot and simple rearfoot surgery
- Core III – rearfoot and ankle surgery

Special privileges

- arthroscopy
- endoscopic procedures
- extra corporeal shock wave therapy
- ankle replacement
- laser

Core procedure list

Signature page

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

Privileges			
<p>Admit, evaluate, diagnose, provide non-surgical and surgical care to patients of all ages presenting with injuries and disorders of the foot and ankle including soft tissues below the tibial tuberosity. Surgical privileges include nail and soft tissue procedures.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>			
Basic education and minimal formal training			
<ol style="list-style-type: none"> 1. DPM 2. Current board certification or active participation in the examination process -- with achievement of certification within 7 years following completion of all postgraduate training -- leading to certification by the American Board of Foot & Ankle Surgery or the American Board of Podiatric Orthopaedics / Primary Podiatric Medicine. 			
Required documentation and experience			
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide contact information for two physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <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>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="margin-left: 150px; margin-top: 20px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> </div>		<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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☐ **CORE II — Forefoot and simple rearfoot surgery**

Privileges											
Forefoot reconstructive procedures, fracture care of the phalanges and metatarsals and simple rearfoot procedures.											
Basic education and minimal formal training											
<div>1. DPM</div> <div>2. Successful completion of an approved Podiatric Surgical or Podiatric Medicine and Surgical residency; Or Successful completion of an approved Rotating Podiatric Residency or Podiatric Orthopedic Residency with documentation of formal training and experience.</div> <div>3. Current board certification or active participation in the examination process -- with achievement of certification within 7 years following completion of all postgraduate training -- leading to certification by the American Board of Foot & Ankle Surgery or the American Board of Podiatric Medicine.</div>											
Required documentation and experience											
NEW APPLICANTS: <div>1. Must hold Core I privileges</div> <div>2. Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</div> <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; padding: 5px;">Name: _____</td><td style="width: 50%; vertical-align: top; padding: 5px;">Name: _____</td></tr><tr><td style="vertical-align: top; padding: 5px;">Name of Facility: _____</td><td style="vertical-align: top; padding: 5px;">Name of Facility: _____</td></tr><tr><td style="vertical-align: top; padding: 5px;">Address: _____</td><td style="vertical-align: top; padding: 5px;">Address: _____</td></tr><tr><td style="vertical-align: top; padding: 5px;">Phone: _____ Fax: _____</td><td style="vertical-align: top; padding: 5px;">Phone: _____ Fax: _____</td></tr><tr><td style="vertical-align: top; padding: 5px;">Email: _____</td><td style="vertical-align: top; padding: 5px;">Email: _____</td></tr></table>		Name: _____	Name: _____	Name of Facility: _____	Name of Facility: _____	Address: _____	Address: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____	Email: _____	Email: _____
Name: _____	Name: _____										
Name of Facility: _____	Name of Facility: _____										
Address: _____	Address: _____										
Phone: _____ Fax: _____	Phone: _____ Fax: _____										
Email: _____	Email: _____										
REAPPOINTMENT APPLICANTS: <div>1. Must hold Core I privileges.</div> <div>2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</div> <div style="text-align: right; padding-right: 50px;"><div>Name: _____</div><div>Name of Facility: _____</div><div>Address: _____</div><div>Phone: _____ Fax: _____</div><div>Email: _____</div></div>											

☐ **CORE III — Rearfoot and ankle surgery**

Privileges			
Surgical privileges include rearfoot and ankle reconstructive procedures including orthodesis and fracture care.			
Basic education and minimal formal training			
<ol style="list-style-type: none"> 1. DPM 2. Successful completion of an approved 24 month Podiatric Surgical residency or greater or 36 month Podiatric Medicine and Surgical residency Or Successful completion of an approved 12 month Podiatric Surgical Residency, 24 month Podiatric Medicine & Surgical Residency, Podiatric Orthopaedic residency, Rotating Podiatric Residency with documentation of formal training and experience. 3. Current board certification or active participation in the examination process -- with achievement of certification within 7 years following completion of all postgraduate training -- leading to certification by the American Board of Foot & Ankle Surgery or the American Board of Podiatric Medicine. 			
Required documentation and experience			
NEW APPLICANTS: <ol style="list-style-type: none"> 1. Must hold Core I and II privileges. 2. Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </td> </tr> </table>		Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____
Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____		
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none"> 1. Must hold Core I and Core II privileges 2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency. <div style="margin-left: 150px; margin-top: 20px;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ </div>			

Special privileges in foot & ankle surgery (continued)

Privilege	
Indicate selections with an "X"	
<input type="checkbox"/> Arthroscopy	<input type="checkbox"/> Ankle replacement
<input type="checkbox"/> Endoscopic procedures	<input type="checkbox"/> Laser (type: _____)
<input type="checkbox"/> Extra corporeal shock wave therapy	
Basic education and minimal formal training	
1. Hold one of the core privileges 2. Certificate of training in special privilege requested	
Required documentation and experience	
NEW APPLICANTS: 1. Provide certificate of training in special privileges requested 2. Provide documentation of clinical activity involving the privilege requested in the prior 12 months. 3. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency. Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	
REAPPOINTMENT APPLICANTS: 1. Provide documentation of clinical activity involving the privilege requested in the prior 12 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 — Foot and Ankle Surgery

To the applicant: Strike through procedures you do not wish to request.

This list is a sample of procedures included in the cores. It is not intended to be all-encompassing but reflective of the categories/types of procedures included in the cores.

Core I – general podiatry

1. Nail procedures
2. Soft tissue procedures
3. Wound debridement
4. Incision and drainage

Core II – forefoot and simple rearfoot surgery

1. Partial foot amputation
2. Forefoot reconstruction including fusion and osteotomy
3. Fracture and dislocation care of the phalanges and metatarsals
4. Haglunds resection
5. Rearfoot bone spur removal
6. Flap surgery
7. Bone graft
8. Mass excision
9. Fasciotomy

Core III – rearfoot and ankle surgery

1. Arthrodesis
2. Fracture care
3. Osteotomy
4. Rearfoot amputation
5. Tendon repair and transfer
6. Bone graft
7. Treatment of cartilage injuries

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