

**ATRIUM HEALTH
SPECIALTY OF PATHOLOGY
REAPPOINTMENT DELINEATION OF PRIVILEGES**

Print Name _____

	YES		NO*	I have participated in pathology in a hospital setting within the past two (2) years.
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***If the answer is “No”, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Pathology, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Pathology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Pathology residency training program in clinical and anatomic pathology, within the past five (5) years; **AND**
 2. Verification from the residency program director that the Applicant successfully completed the program. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently certified in Pathology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of certification by the American Board of Pathology or the American Osteopathic Board of Pathology; **AND**
 2. Demonstration of pathology services, reflective of the scope of privileges requested for the past two (2) years;

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the Specialty of Pathology at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		ANATOMIC PATHOLOGY CORE PRIVILEGES
			N/A							CPTH-1	Diagnosis, ordering, monitoring, consultation and laboratory medical direction in the following disciplines: surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology, molecular pathology, and associated ancillary studies.

Maintenance Criteria for Continued Privileges (CPTH-1):

The Physician must submit a minimum of twenty-five (25) cases of Anatomic Pathology Core over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ANATOMIC PATHOLOGY SPECIAL PROCEDURES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Anatomic Pathology Core Privileges (CPTH-1)			
			N/A							CPTH-1(a) Fine Needle Aspiration and/or Biopsy (superficial, not requiring radiological guidance)	10		
			N/A							CPTH-1(b) Bone Marrow Biopsy and Aspiration	10		

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		CORE PATHOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPTH-3 Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		CLINICAL PATHOLOGY CORE PRIVILEGES
			N/A								CPTH-2 Diagnosis, ordering, monitoring, consultation and laboratory medical direction in the following clinical pathology disciplines: hematology and coagulation, transfusion medicine/blood bank and immunohematology, microbiology, serology, molecular pathology, clinical chemistry (including the subdivisions of automated chemistry, special chemistry, endocrinology, radioimmunoassay, toxicology and electrophoresis), clinical microscopy, and other routine clinical pathology functions.

PRIVILEGES REQUESTED BY:

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 Atrium Health and;

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature Date

Print Name
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Approved by the CHS Medical Executive Committee: 08/17/2017
Approved by the Board of Commissioners: 09/12/2017

CPTH-1(a) FINE NEEDLE ASPIRATION AND/OR BIOPSY (SUPERFICIAL, NOT REQUIRING RADIOLOGICAL GUIDANCE)

SKILLS AND TRAINING NEEDED:

1. Provide documentation of the successful completion of a Pathology residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Fine Needle Aspiration and/or Biopsy (Superficial, Not Requiring Radiological Guidance); **OR**

1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**

1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Fine Needle Aspiration and/or Biopsy (Superficial, Not Requiring Radiological Guidance). You must provide documentation of proctoring for ten (10) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CPTH-1(b) BONE MARROW BIOPSY AND ASPIRATION

SKILLS AND TRAINING NEEDED:

1. Provide documentation of the successful completion of a Pathology residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Bone Marrow Biopsy and Aspiration; **OR**

1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**

1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Bone Marrow Biopsy and Aspiration. You must provide documentation of proctoring for ten (10) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPTH-1(a))
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