

POLK MEDICAL CENTER

Medical Staff Privilege Checklist

I, _____, M.D./D.O., do hereby apply for the following privileges in Pathology.

Please indicate the privileges you are requesting by placing an (x) in the appropriate space. All privileges are first approved by the Credentialing and the Executive Committee. Final approval is granted by the governing board.

Fill in all blanks on the privileges checklist. (Privileges not requested, enter Ø.)

<u>PRIVILEGE</u>	<u>Requested</u>	<u>Approved</u>
Anatomic Pathology		
Surgical pathology	()	()
Cytology	()	()
Clinical Pathology		
Hematology	()	()
Microbiology	()	()
Immunochemistry and Blood Banking	()	()
Clinical Chemistry	()	()
Clinical Microscopy	()	()
Bone Marrow Interpretation	()	()
Clinical Consultation	()	()
Procedures		
Bone marrow aspiration and biopsy	()	()

Additions/Deletions/Conditions/Other Limitations:

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Polk Medical Center, and I understand that:

1. 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.
2. 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.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

Applicant Signature _____ Date: _____

APPROVED:

Credentials Committee Chairman

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

_____ Concur with Credential Committee's recommendation and forward to governing body

_____ Return to Credentials Committee for clarification of the following:

Date

BOARD APPROVAL:

_____ Yes

_____ No

Date