

POLK MEDICAL CENTER

Medical Staff Privilege Checklist

Podiatry

I _____, DPM, do hereby apply for the following privileges in Podiatry.

Please check all categories and privileges desired. All privileges are first approved by the Credentialing Committee and the Executive Committee. Final approval is granted by the Governing Board.

Privileges not requested, enter Ø.

PRIVILEGE	Requested	Approved
<u>Soft Tissue Surgery</u>		
Excision of Neuroma		
Excision of Ganglion		
Nail Avulsion		
<u>Forefoot Surgery</u>		
Digital Arthroplasties and Arthrodesis		
Hallux Valgus Repair		
Matatarsal Osteotomy with or without fixation		
Closed Reduction Metatarsal Fracture		
Open Reduction Metatarsal Fracture		
Implant Arthroplasty Metatarsal Phlangeal Joint		
<u>Midfoot Surgery</u>		
Removal of Exostosis		
Midtarsal Osteotomy		
<u>Rearfoot Surgery</u>		
Heel Spur Resection and Plantar Fasciotomy		
Removal of Haglund's Deformity		
Calcaneal Osteotomy (Dwyer)		
<u>Additional Procedures</u>		
Tarsal Tunnel Decompression		
Tendon Achilles Lengthening		
Open or Closed Reduction Ankle Fracture		
Treatment of Ankle Sprains		
Treatment of Tendonitis		

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 is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

Applicant's 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

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