

\_\_\_\_\_ Membership Only – No privileges (If checked, you do not need to complete remainder of form)

\_\_\_\_\_ Membership with privileges (If checked, please complete remainder of form)

## REQUEST FOR CLINICAL PRIVILEGES AND RECORD OF PRIVILEGES GRANTED

Name: \_\_\_\_\_

Attached is my request(s) for those clinical privileges in the following areas of practice for which by training and experience I have current competence in which I wish to exercise at Scotland Memorial Hospital.

\_\_\_\_\_ Anesthesiology  
\_\_\_\_\_ Cardiology  
\_\_\_\_\_ Emergency Medicine  
\_\_\_\_\_ Family Medicine  
\_\_\_\_\_ Internal Medicine  
\_\_\_\_\_ Nuclear Medicine  
\_\_\_\_\_ Obstetrics  
\_\_\_\_\_ Gynecology  
\_\_\_\_\_ Pathology  
\_\_\_\_\_ Pediatrics  
\_\_\_\_\_ Radiology  
\_\_\_\_\_ Ambulatory Care  
\_\_\_\_\_ Radiation Oncology  
\_\_\_\_\_ Telecritical Care  
\_\_\_\_\_ Telepsychiatry  
\_\_\_\_\_ Nephrology

\_\_\_\_\_ Ophthalmology  
\_\_\_\_\_ Orthopedics  
\_\_\_\_\_ Otolaryngology  
\_\_\_\_\_ Urology  
\_\_\_\_\_ Vascular Surgery  
\_\_\_\_\_ General Surgery  
\_\_\_\_\_ Dentistry/Oral Surgery  
\_\_\_\_\_ Oncology/Hematology  
\_\_\_\_\_ Occupational Health  
\_\_\_\_\_ Optometry  
\_\_\_\_\_ Dermatology  
\_\_\_\_\_ Podiatry  
\_\_\_\_\_ Psychiatry  
\_\_\_\_\_ Teleneurology  
\_\_\_\_\_ Teleradiology

### **Subject to Consultation Requirements and Other Policies**

I understand that in exercising any clinical privileges granted, I am constrained by relevant Hospital and Medical Staff policies requiring consultations for difficult diagnoses, conditions of extreme severity, and procedures/conditions which are beyond my area of specialization and expertise, by Hospital Policies concerning the types of patients for whom it does not have appropriate resources (facilities, equipment or personnel) to treat except on an emergency basis, and by such special policies as may from time to time be adopted.

### **Emergency Situations**

I also understand that it is not necessary to request “emergency” clinical privileges; that an emergency is deemed to exist whenever serious permanent harm or aggravation of injury or disease is imminent; or the life of a patient is in immediate danger; and any delay in administering treatment could add to that danger; that in such emergency, I am authorized and will be assisted to do everything possible to save the patient’s life or to save the patient from serious harm, to the degree permitted by my license but regardless of department affiliation, staff category or level of privileges; and that if I provide services to a patient in an emergency, I am obligated to utilize appropriate consultative assistance when available and to arrange for appropriate follow-up care.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_