

**SCOTLAND HEALTH CARE SYSTEM**  
**Clinical Privileges Delineation Form**  
**Specialty: Telecritical Care**

PHYSICIAN NAME: \_\_\_\_\_

I am requesting the following privileges:

	<b>TELEMEDICINE PRIVILEGES</b>
	Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing; rendering a diagnosis or otherwise providing clinical treatment to a patient using telemedicine.

RECOMMENDED BY:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date