Scotland Memorial Hospital
Clinical Privilege Delineation Form
Specialty: <u>AMBULATORY CARE</u>

PHYSICIAN: _____

Criteria for Granting Privileges

To be eligible for initial/continuing privileges to provide care in an ambulatory setting affiliated with Scotland Health Care System, **to include Rural Clinics, Scotland Urgent Care Center, and Emergency Center Fast Tracking**, an applicant must have successfully completed an approved family practice or internal medicine resident program or been active in a hospital-related practice for at least seven (7) years.

Automatic Privileges

By virtue of being granted any level of clinical privileges, a physician is automatically granted the following privileges:

- ❖ Performing physical examinations and ordering and interpreting of diagnostic studies that are normally considered part of the practice of family or internal medicine, including, but not limited to, laboratory, diagnostic imaging, and electrocardiograph studies.
- ❖ Prescribing and administering medications normally considered part of the practice of family or internal medicine.
- ❖ Requesting consultations and technical procedures to be performed by other physicians and qualified health care providers.
- ❖ At the time of a clinical emergency, the provision of whatever care the physician believes to be indicated to prevent loss of life or serious injury to a patient.

AMBULATORY CARE PRIVILEGES	Requested	Approved	Not Approved/ Approved with Restrictions
Treatment of non-surgical medical conditions in an ambulatory setting			
Care of general pediatric patients and newborns			
Care of adolescent patients			
Suturing of uncomplicated lacerations			
I&D of abscess			
Simple skin biopsy or excision			
Removal of non-penetrating corneal foreign bodies			
Uncomplicated minor closed fracture (not involving traction or major manipulations); and uncomplicated dislocations			

I hereby request the clinical privileges indicated above.

_____   _____
Signature of Applicant   Date

Department Chairman's Report: Any request indicated as "Not Approved/Approved with Restrictions" must be clarified below:

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I have reviewed this application and report on the applicant's qualifications for clinical privileges as noted above.

_____   _____
Department Chair   Date