



# Atrium Health

## IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH  
DELINEATION OF PRIVILEGES  
ADVANCED PRACTICE PROVIDER  
INDEPENDENT PRACTITIONER  
SPECIALTY OF PODIATRY**

**Initial appointment**

**Reappointment**

**Updated DOP**

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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\*If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.

To be eligible for core privileges in Podiatry, the applicant must meet the following qualifications:

- If the applicant is not currently certified by the American Board of Foot and Ankle Surgery, the applicant must:
1. Provide documentation of successful completion of an ABFAS accredited residency training program within the past five (5) years; **AND**
  2. Demonstrate successful completion of a Council on Podiatric Medical Education (CPME) – accredited training program and demonstrated competence reflective of the scope of privileges requested; **AND**
  3. Provide documentation of an agreement for admissions and care of patients signed and submitted by a qualified member of the Medical Staff; **OR**
- If the applicant is is currently certified by the American Board of Foot and Ankle Surgery, the applicant must:
1. Demonstrate successful completion of a Council on Podiatric Medical Education (CPME) – accredited training program and demonstrated competence reflective of the scope of privileges requested; **AND**
  2. Provide documentation of an agreement for admissions and care of patients signed and submitted by a qualified member of the Medical Staff.

Print Name \_\_\_\_\_

**NOTE 1: "CORE" privileges cannot be amended or altered in any way.**

**NOTE 2: An adequate history and physical examination must be performed by a qualified member of the Medical Staff on every patient taken to the operating room.**

**NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.**

**TYPE I PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Performance of at least thirty (30) Type I podiatric procedures reflective of the scope of privileges requested during the past two (2) years or demonstrated successful completion of an accredited training program or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland		<b>TYPE I PODIATRIC CORE PRIVILEGES</b>
										CAPP-POD-1	Evaluate, diagnose, provide consultation, order diagnostic studies, and treat the foot by mechanical, medical or superficial surgical means on patients of all ages. The core privileges in this specialty include other procedures that are extensions of the same technique and skills.

Privileges include soft tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix, removal of superficial foreign body, treatment of corns and calluses, order and interpret diagnostic tests related to podiatric patients, apply or prescribe foot appliances, orthotics, shoe modifications, special footwear, and write prescriptions for medications commonly used in practice of podiatry.

Maintenance Criteria for Continued Privileges (Type I):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of fifteen (15) representative samples of Type I podiatric procedures over a two (2) year period to be eligible to reapply for Type I privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name \_\_\_\_\_

**TYPE II PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and demonstrated competence in the privileges requested; **AND**
2. Demonstrate the performance of at least thirty (30) Type II podiatric procedures reflective of the scope of the privileges requested during the past two (2) years; **OR**
2. Demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>TYPE II PODIATRIC CORE PRIVILEGES</b> <i>(Includes privileges in Type I Core)</i>
			N/A							CAPP-POD-2	Evaluate and treat patients of all ages with podiatric problems/conditions of the forefoot and midfoot and nonreconstructive hindfoot. The core privileges in this specialty include Type I podiatric privileges and such other procedures that are extensions of the same technique and skills.

Privileges include anesthesia (topical, local, and regional blocks), debridement of ulcer, digital exostectomy, digital fusions, digital tendon transfers, lengthening, repair, digital/ray amputation, excision of benign bone cysts and bone tumors, forefoot, excision of sesamoids, excision of skin lesion of foot and ankle, excision of soft tissue mass (neuroma, ganglion, fibroma), hallux valgus repair with or without metatarsal osteotomy (including first metatarsal cuneiform joint), implant arthroplasty forefoot, incision of abscess, incision of onychia, metatarsal exostectomy, metatarsal osteotomy, midtarsal and tarsal exostectomy (include posterior calc spur), neurolysis of forefoot nerves, onychoplasty, open/closure reduction, digital fracture, open/close reduction, metatarsal fractures plantar fasciotomy with or without excision of calc spur, removal of foreign body, syndactylization of digits, tenotomy/capsulotomy, digit, tenotomy/capsulotomy, metatarsal, phalangeal joint, and treatment of deep wound infections, and osteomyelitis.

Maintenance Criteria for Continued Privileges (Type II):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of fifteen (15) representative samples of Type II podiatric procedures over a two (2) year period to be eligible to reapply for Type II privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name \_\_\_\_\_

**TYPE III PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and demonstrated competence in the privileges requested; **AND**
2. Demonstrate the performance of at least twenty (20) Type III podiatric procedures reflective of the scope of the privileges requested during the past twenty-four (24) months; **OR**
2. Demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>TYPE III PODIATRIC CORE PRIVILEGES</b> <i>(Includes privileges in Type I and Type II Cores)</i>
			N/A							CAPP-POD-3	Evaluate, diagnose, provide consultation, order diagnostic studies, and treat the forefoot, midfoot, rearfoot, and reconstructive and nonreconstructive hind foot and related structures by medical or surgical means. The core privileges in this specialty include Type II and Type II podiatric privileges and such other procedures that are extensions of the same technique and skills.

Privileges include excision of accessory ossicles, midfoot and rearfoot, excision of benign bone cyst or bone tumors, rearfoot, neurolysis of nerves, rearfoot, open/closed reduction of foot fracture other than digital or metatarsal excluding calcaneal, osteotomies of the midfoot and rearfoot, polydactylism revision, rearfoot fusion, skin graft, synactylism revision, tarsal coalition repair, tendon lengthening (nondigital), tendon rupture repair (nondigital), tendon transfers (nondigital), tenodesis, and Traumatic injury of foot and related structures.

Maintenance Criteria for Continued Privileges (Type III):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of ten (10) representative samples of Type III podiatric procedures over a two (2) year period to be eligible to reapply for Type III privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name \_\_\_\_\_

**TYPE IV PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and demonstrated competence in the privileges requested; **AND**
2. Demonstrate the performance of at least twenty (20) Type IV podiatric procedures reflective of the scope of the privileges requested during the past two (2) years; **OR**
2. Demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>TYPE IV PODIATRIC CORE PRIVILEGES</b> <i>(Includes privileges in Type I, Type II, and Type III Cores)</i>
			N/A						N/A	CAPP-POD-4	Evaluate and treat patients of all ages with podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. Assess, stabilize, and determine disposition of patients with emergency conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include Type III podiatric privileges and such other procedures that are extensions of the same technique and skill.

Privileges include ankle fusion, ankle stabilization procedures, arthrodesis tarsal and ankle joints, arthroplasty, with or without implants, tarsal and ankle joints, e.g. subtalar joint arthrodesis, major tendon surgery of the foot and ankle such as tendon repositioning, recessions, suspension, open and closed reduction fractures of the ankle, osteotomy, multiple, tarsal bones (e.g. tarsal wedge osteotomies), osteotomy, tibia, fibula, and surgical treatment of osteomyelitis of ankle.

Maintenance Criteria for Continued Privileges (Type IV):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of ten (10) representative samples of Type IV podiatric procedures over a two (2) year period to be eligible to reapply for Type IV privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**PRIVILEGES REQUESTED BY:**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- a) 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.
- b) 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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### CASE LOG

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

Date: \_\_\_\_\_

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAPP-POD-1)
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			<b>TOTAL</b>	

REFERENCE ONLY