



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
HEMATOLOGY/MEDICAL ONCOLOGY
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS
DELINEATION OF PRIVILEGES**

Print Name _____

	YES		NO*	I have participated in direct patient care in the hospital setting and/or outpatient practice 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.**

Initial appointment **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Adult Hematology and/or Medical Oncology (CHEM-1 and CONC-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Hematology and/or Medical Oncology by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited Hematology and/or Medical Oncology Fellowship Training Program within the past five (5) years; **AND**
 2. Verification from the Fellowship Program Director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**

- If the applicant is currently subspecialty certified in Hematology and/or Medical Oncology by the American Board of Medical Specialties (ABMS) or Hematology/Oncology by the American Osteopathic Association (AOA), the applicant must:
 1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least fifty (50) hematology and/or at least fifty (50) medical oncology patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
 1. Provide documentation from the Applicant’s outpatient practice setting that he/she has provided outpatient or consultative services for at least fifty (50) patients during the past two (2) years.

To be eligible for core privileges in Pediatric Hematology-Oncology (CHEM/ONC-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Pediatric Hematology-Oncology by the American Board of Pediatrics (ABP), the applicant must:
 1. Provide documentation of successful completion of an ACGME accredited Pediatric Hematology-Oncology Fellowship Training Program in within the past five (5) years; **AND**
 2. Verification from the Fellowship Program Director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
- If the applicant is currently subspecialty certified in Pediatric Hematology-Oncology by the American Board of Pediatrics (ABP), the applicant must:
 1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty (20) pediatric hematology/oncology patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
 1. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least twenty (20) patients during the past two (2) years.

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Adult Hematology/Medical Oncology or Pediatric Hematology/Oncology at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: If "general" Adult or Pediatric Privileges are required, please contact the Medical Staff Office.

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.

Print Name _____

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ADULT HEMATOLOGY CORE PRIVILEGES	Proctoring Requested
			N/A							CHEM-1	Privileges to evaluate, diagnose, treat, and provide consultation to adolescent and adult patients except where specifically excluded from practice with diseases and disorders of the blood, spleen, lymph glands, and immunologic system such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.	

Adult Hematology Core Privileges include bone marrow aspirations and biopsy, diagnostic lumbar puncture, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes, management and care of indwelling venous access catheters, therapeutic phlebotomy, therapeutic thoracentesis and paracentesis.

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core 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.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE		CORE PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY	Proctoring Requested
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CHEM/ONC-2	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.	

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Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE		ADULT MEDICAL ONCOLOGY CORE PRIVILEGES	Proctoring Requested
			N/A							CONC-1	Privileges to evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, except where specifically excluded from practice, with all types of cancer and other benign and malignant tumors. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.	
<p>Adult Medical Oncology Core Privileges include, but are not limited to, bone marrow biopsy and interpretation, diagnostic lumbar puncture, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes, management and maintenance of indwelling venous access catheters, therapeutic thoracentesis and paracentesis.</p> <p>Maintenance Criteria for Continued Privileges (CONC-1): The Physician must perform a minimum of ten (10) representative samples of Adult Oncology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Oncology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Oncology Core 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.</p>												

REFERENCING

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	ADULT HEMATOLOGY AND MEDICAL ONCOLOGY APHERESIS PRIVILEGES Must apply for and maintain Adult Hematology Core Privileges (CHEM-1) or Adult Medical Oncology Core Privileges (CONC-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHO-1 Therapeutic Plasma Exchange (TPE) and Red Blood Cell Exchange (RBCX)	5 (Must include at least 1 TPE and 1 RECX)			
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHO-2 Mononuclear Cell (MNC) Apheresis/Stem Cell Collection and Leukapheresis/White Blood Cell (WBC) Depletion/ Extracorporeal Photopheresis (ECP)	5			

Maintenance Criteria for Continued Privileges (CAHO-1 and CAHO-2):

The Physician must perform a minimum of two (2) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology and Medical Oncology Apheresis Privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold any Adult Hematology and Medical Oncology Apheresis 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.

QUALIFICATIONS FOR CAHO-1 and CAHO-2:

The applicant must meet the following:

1. Provide documentation of the successful completion of a fellowship program in Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
1. Provide a minimum number of five (5) satisfactorily performed cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for five (5) procedures.

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	ADULT HEMATOLOGY AND MEDICAL ONCOLOGY Apheresis PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										Must apply for and maintain Adult Hematology Core Privileges (CHEM-1) or Adult Medical Oncology Core Privileges (CONC-1)				
										CAHO-3 Fat Pad Aspirate	5			

SHORT DEFINITION: Fat pad aspirate is a procedure used to detect the presence of amyloid deposits in the superficial fat. It is used as a surrogate to an invasive organ biopsy (Westermarck, Amyloid. 2011 Dec;18(4):175-6) (Devata et al. Cytojournal. 2011;8:11). The procedure is minimally invasive and can be performed in the outpatient setting over a span of 10-15 minutes. The patient will recline on the examination table. The skin will be injected with lidocaine at a site approximately 10cm lateral to the umbilicus. A 10cc syringe/16G needle will be inserted subcutaneously at that site. With negative pressure (plunger out to 10cc mark) on syringe, the needle is moved back and forth under the skin 2-4 times and then the needle is removed completely while plunger is still pulled back.

QUALIFICATIONS FOR CAHO-3:

The applicant must meet the following:

1. Provide documentation of the successful completion of a fellowship program in Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
2. Provide a minimum number of five (5) satisfactorily performed cases performed within the past two (2) years, **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for five (5) procedures.

Maintenance Criteria for Continued Privileges (CAHO-3):

The Physician must perform a minimum of two (2) Fat Pad Aspirate procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold Fat Pad Aspirate 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

ADULT BLOOD AND MARROW TRANSPLANTATION

1. To be eligible for core privileges in Adult Blood and Marrow Transplantation, the applicant must apply for and meet the qualifications of Adult Hematology Core Privileges

(CHEM-1) or Adult Medical Oncology Core Privileges (CONC-1); **AND**

2. Provide verification from the Fellowship Program Director that the Applicant successfully completed the program to include the management of Blood and Marrow transplant patients in both inpatient and outpatient settings. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **AND**
3. Demonstrate that he/she has provided inpatient or consultative services for at least ten (10) blood and marrow transplant (BMT) patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
3. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least ten (10) BMT patients during the past two (2) years.

CMC	PVL	UNV	GR	LIN	CAB	UNN	STA	ANN	CLE	ADULT BLOOD AND MARROW TRANSPLANTATION CORE PRIVILEGES		Proctoring Requested
										Must apply for and maintain Adult Hematology Core Privileges (CHEM-1) or Adult Medical Oncology Core Privileges (CONC-1)		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CABMT-1	Privileges to evaluate, diagnose, consult and provide treatment to patients of all ages undergoing autologous and allogeneic hematopoietic progenitor cell (HPC) / bone marrow (BM) transplantation. This includes the pre-transplant evaluation, care during the immediate transplant hospitalization, and post-transplant care.	

REFERENCE ONLY

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	Special Adult Blood and Marrow Transplantation Privileges Must apply for and maintain Adult Blood and Marrow Transplantation Core Privileges (CABMT-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CABMT-1(a)* Adult Bone Marrow Harvest**	3			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CABMT-1(b)* Adult Stem Cell Product Infusion	3			

**** At least one physician performing the procedure must be credentialed for bone marrow harvest. This physician may be assisted by another Physician, Physician Assistant, or Nurse Practitioner who is credentialed to perform bone marrow aspirates.**

Maintenance Criteria for Continued Privileges (CABMT-1(a) and CABMT-1(b)):

The Physician must perform a minimum of one (1) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Special Adult Blood and Marrow Transplantation Privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Special Adult Blood and Marrow Transplantation 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.

QUALIFICATIONS FOR CABMT-1(a) and CABMT-1(b):

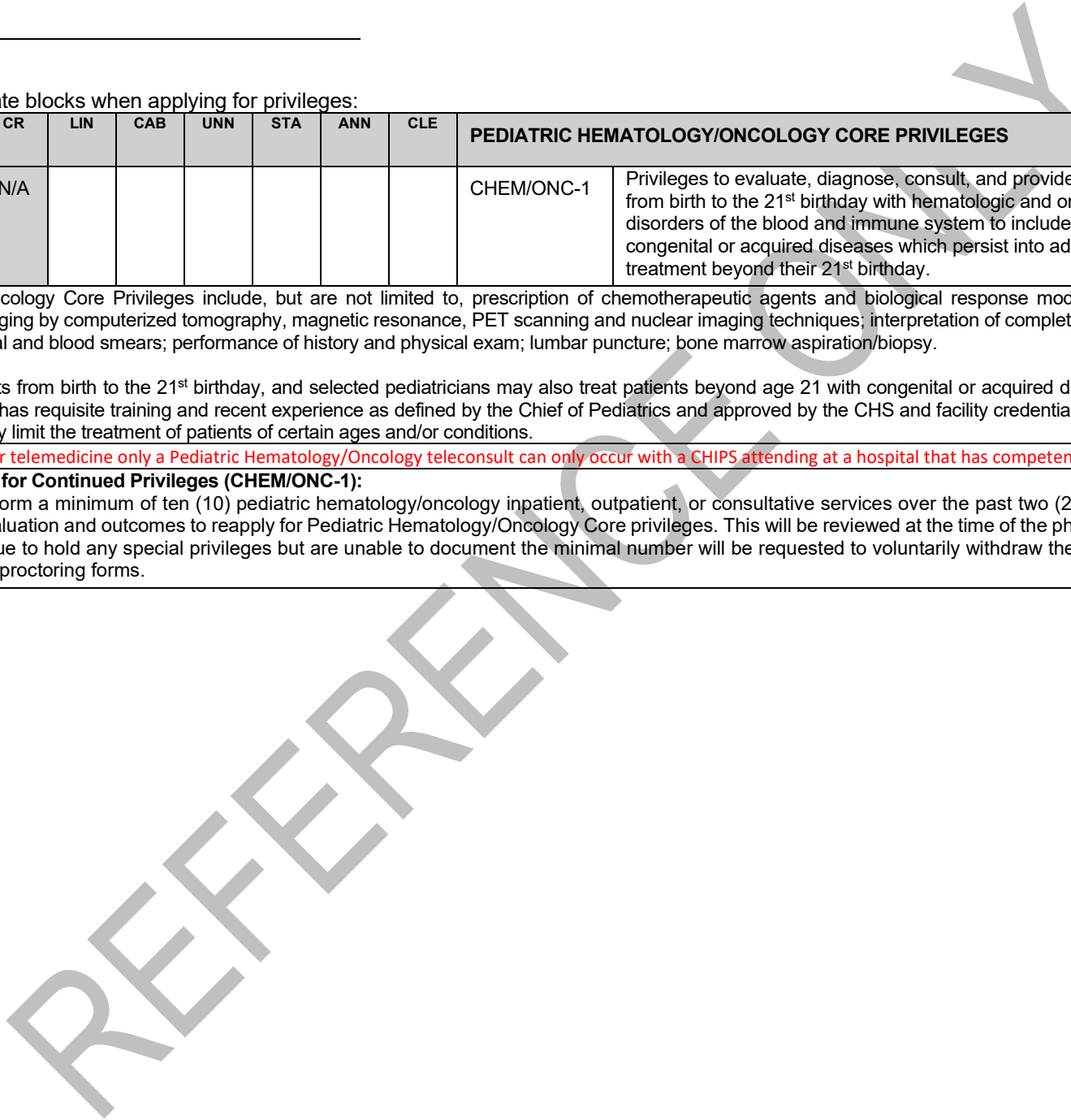
The applicant must meet the following:

1. Provide documentation of the successful completion of a fellowship program in Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
1. Provide a minimum number of three (3) satisfactorily performed cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for three (3) procedures.

Print Name _____

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	PEDIATRIC HEMATOLOGY/ONCOLOGY CORE PRIVILEGES		Proctoring Requested
			N/A							CHEM/ONC-1	Privileges to evaluate, diagnose, consult, and provide treatment to patients from birth to the 21 st birthday with hematologic and oncologic diseases and disorders of the blood and immune system to include patients with congenital or acquired diseases which persist into adulthood may receive treatment beyond their 21 st birthday.	
<p>Pediatric Hematology/Oncology Core Privileges include, but are not limited to, prescription of chemotherapeutic agents and biological response modifiers through all therapeutic routes; assessment of tumor imaging by computerized tomography, magnetic resonance, PET scanning and nuclear imaging techniques; interpretation of complete blood count, including platelets and white blood cell differential and blood smears; performance of history and physical exam; lumbar puncture; bone marrow aspiration/biopsy.</p> <p>Pediatricians treat patients from birth to the 21st birthday, and selected pediatricians may also treat patients beyond age 21 with congenital or acquired diseases which persist into adulthood, provided the pediatrician has requisite training and recent experience as defined by the Chief of Pediatrics and approved by the CHS and facility credentials committees. Facility personnel and support requirements may limit the treatment of patients of certain ages and/or conditions.</p> <p>*NOTE: If this request is for telemedicine only a Pediatric Hematology/Oncology teleconsult can only occur with a CHIPS attending at a hospital that has competency for inpatient pediatrics.</p> <p>Reappointment Criteria for Continued Privileges (CHEM/ONC-1): The Physician must perform a minimum of ten (10) pediatric hematology/oncology inpatient, outpatient, or consultative services over the past two (2) years based on results of ongoing professional practice evaluation and outcomes to reapply for Pediatric Hematology/Oncology Core privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold any special 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.</p>												



Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	PEDIATRIC HEMATOLOGY AND MEDICAL ONCOLOGY APHERESIS PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	Must apply for and maintain Pediatric Hematology/Oncology Core Privileges (CHEM/ONC-1)					
										CHEM/ONC-2	Mononuclear Cell (MNC) Apheresis/Stem Cell Collection and Leukapheresis/White Blood Cell (WBC) Depletion/ Extracorporeal Photopheresis (ECP)	5			

QUALIFICATIONS FOR CHEM/ONC-2:

The applicant must meet the following:

- Provide documentation of the successful completion of a fellowship program in Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
- Provide a minimum number of five (5) satisfactorily performed cases performed within the past two (2) years; **OR**
- Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for five (5) procedures.

REAPPOINTMENT CRITERIA FOR CONTINUED PRIVILEGES CHEM/ONC-2:

The Physician must perform a minimum of two (2) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology and Medical Oncology Apheresis Privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold any Adult Hematology and Medical Oncology Apheresis 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.

1. Verification from the Fellowship Program Director that the Applicant successfully completed the program to include the management of Pediatric Blood and Marrow transplant patients in both inpatient and outpatient settings. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **AND**
2. Demonstrate that he/she has provided inpatient or consultative services for at least ten (10) blood and marrow transplant (BMT) patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
2. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least ten (10) BMT patients during the past two (2) years.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	PEDIATRIC BLOOD AND MARROW TRANSPLANTATION CORE PRIVILEGES		Proctoring Requested
										Must apply for and maintain Pediatric Hematology/Oncology Core Privileges (CHEM/ONC-1)		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CBMT-1	Privileges to evaluate, diagnose, consult and provide treatment to patients from birth to the 21 st birthday undergoing autologous and allogeneic hematopoietic progenitor cell (HPC) / bone marrow (BM) transplantation to include patients with congenital or acquired diseases which persist into adulthood may receive treatment beyond their 21 st birthday. This includes the pre-transplant evaluation, care during the immediate transplant hospitalization, and post-transplant care.	
<p>Pediatric Blood and Marrow Transplantation Core Privileges include, but are not limited to, prescription of high-dose chemotherapy agents and biological response modifiers through all therapeutic routes; performance of history and physical exam; prescription of hematopoietic growth factors, diagnosis and management of graft failure; and diagnosis and management of graft-versus-host disease.</p> <p>Reappointment Criteria for Continued Privileges (CBMT-1): The Physician must manage ten (10) blood and marrow transplant patients over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Bone Marrow Transplantation privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Pediatric Blood and Marrow Transplantation Core 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.</p>												

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	Special Pediatric Blood and Marrow Transplantation Privileges Must apply for and maintain Pediatric Blood and Marrow Transplantation Core Privileges (CBMT-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CBMT-1(a)*	Bone Marrow Harvest**	3		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CBMT-1(b)*	Stem Cell Product Infusion	3		

**** At least one physician performing the procedure must be credentialed for bone marrow harvest. This physician may be assisted by another Physician, Physician Assistant, or Nurse Practitioner who is credentialed to perform bone marrow aspirates.**

Reappointment Criteria for Continued Privileges (CBMT-1(a) and CBMT-1(b)):

The Physician must perform a minimum of one (1) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Special Pediatric Blood and Marrow Transplantation Privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Special Pediatric Blood and Marrow Transplantation 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.

QUALIFICATIONS FOR CBMT-1(a) and CBMT-2(b):

The applicant must meet the following:

1. Provide documentation of the successful completion of a fellowship program in Pediatric Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
1. Provide a minimum number of three (3) satisfactorily performed cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for three (3) procedures.

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.

Signature

Date

Print Name