



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
ADDICTION MEDICINE**

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.**

- Initial appointment Reappointment Updated DOP Request for Clinical Privileges

ADDICTION MEDICINE CORE PRIVILEGES

To be eligible for core privileges in Addiction Medicine Core, the applicant must meet the following qualifications:

- If the applicant is not currently certified by any American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) Board, the applicant must:
 1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited fellowship training program in Addiction Medicine; **AND**
 2. Demonstrate sufficient experience in Addiction Medicine skills to safely undertake the full spectrum of the Addiction Medicine Core procedures being requested. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have 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. Verification by the training program documenting that the Applicant has provided at least thirty (30) Addiction Medicine patient encounters during their training program.

- If the applicant is currently certified by any American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) Board, the applicant must:
 1. Provide documentation of sub-specialty certification in Addiction Medicine or clinical practice experience; **AND**
 2. Submit documentation of thirty (30) Addiction Medicine patient encounters during the past two (2) years. Applicants have 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.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in their primary specialty at any facility within Atrium Health.

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

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.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ADDICTION MEDICINE CORE PRIVILEGES
			N/A							CADD-1	Evaluate, diagnose, treat, and provide consultation to patients with alcohol, drug, or other substance-related disorders and to individuals with the dual diagnosis of substance-related and other psychiatric disorders. Treatment modalities include medication assisted withdrawal, management of overdoses, and maintenance pharmacotherapy.

NOTE: Core privileges also include taking a medical history and performing a physical exam. Physician also may provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty are not limited to the above list, but would include other applicable diagnosis and therapeutic management use for addiction medicine that are extensions of the same technique and skill.

Maintenance Criteria for Continued Addiction Medicine Core (CADD-1) Privileges:

Must provide Addiction Medicine inpatient or consultative services for at least thirty (30) patients over a two (2) year period to be eligible to reapply for Addiction Medicine Core privileges. This will be reviewed at the time of reappointment. Present evidence of a minimum of sixteen (16) CME credits per year in Addiction Medicine related topics.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE ADDICTION MEDICINE PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CADD-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.

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

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CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CADD-1)
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30				
			TOTAL	

Reference Only