



# 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  
SPECIALTY OF PATHOLOGY  
DELINEATION OF PRIVILEGES**

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

<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO*</b>	I have participated in pathology in a hospital and/or outpatient 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 Pathology, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Pathology by the America Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
1. Provide documentation of successful completion of an ACGME or AOA accredited Pathology residency training program in clinical and anatomic pathology, within the past five (5) years; **AND**
  2. Verification from the residency program director that the Applicant successfully completed the program. 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.
- If the applicant is currently certified in Pathology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
1. Provide documentation of certification by the American Board of Pathology or the American Osteopathic Board of Pathology; **AND**
  2. Demonstration of pathology services, reflective of the scope of privileges requested for the past two (2) years;

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

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the Specialty of Pathology at any facility within Atrium Health.

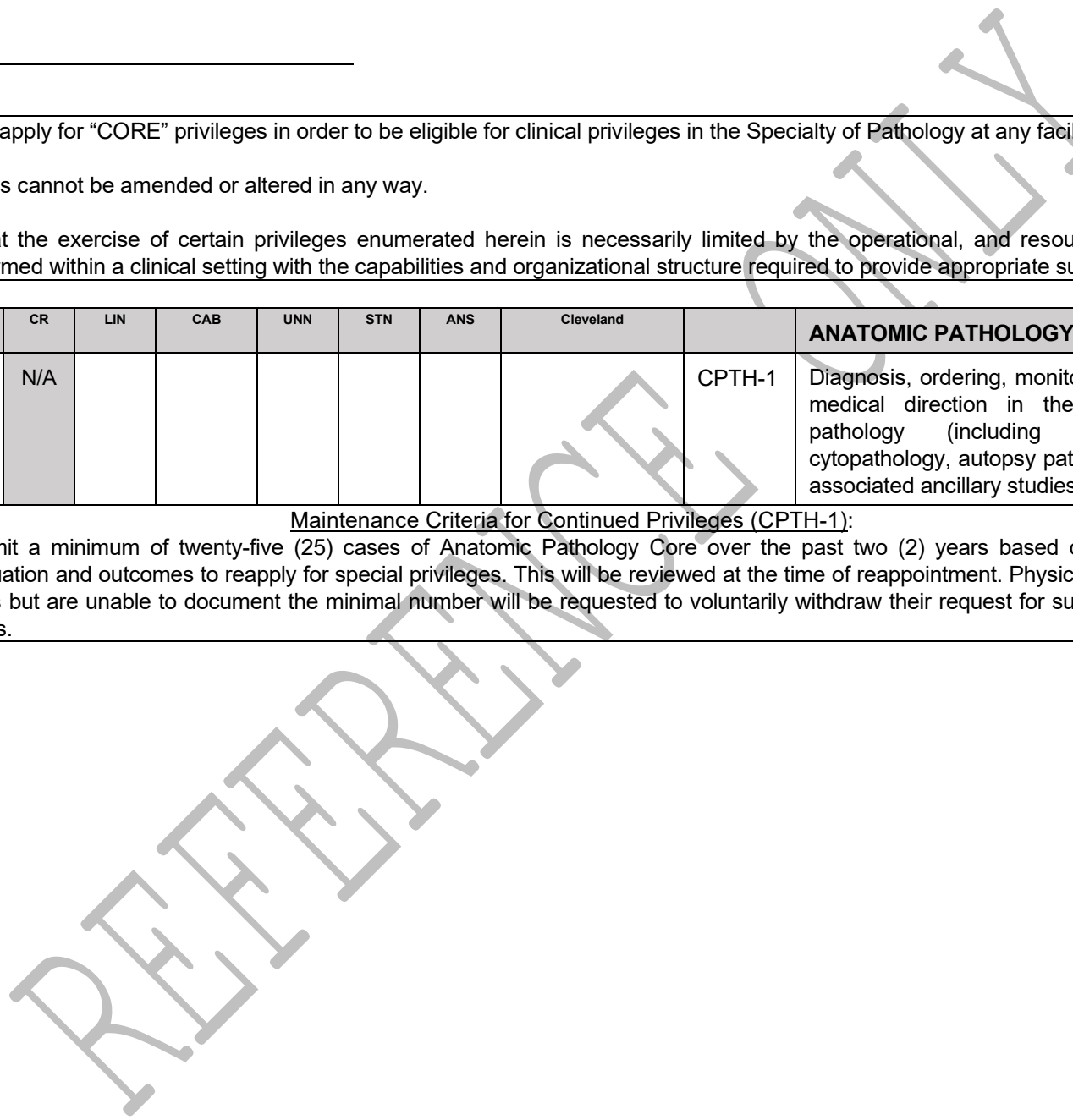
NOTE 2: “CORE” privileges cannot be amended or altered in any way.

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	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>ANATOMIC PATHOLOGY CORE PRIVILEGES</b>
			N/A							CPTH-1	Diagnosis, ordering, monitoring, consultation and laboratory medical direction in the following disciplines: surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology, molecular pathology, and associated ancillary studies.

**Maintenance Criteria for Continued Privileges (CPTH-1):**

The Physician must submit a minimum of twenty-five (25) cases of Anatomic Pathology Core over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.



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	STN	ANS	CLE	<b>ANATOMIC PATHOLOGY SPECIAL PROCEDURES</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Anatomic Pathology Core Privileges (CPTH-1)			
			N/A							CPTH-1(a) Fine Needle Aspiration and/or Biopsy (superficial, not requiring radiological guidance)	10		
			N/A							CPTH-1(b) Bone Marrow Biopsy and Aspiration	10		

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland	<b>CORE PATHOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CPTH-3 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.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland	<b>CLINICAL PATHOLOGY CORE PRIVILEGES</b>
			N/A							CPTH-2 Diagnosis, ordering, monitoring, consultation and laboratory medical direction in the following clinical pathology disciplines: hematology and coagulation, transfusion medicine/blood bank and immunohematology, microbiology, serology, molecular pathology, clinical chemistry (including the subdivisions of automated chemistry, special chemistry, endocrinology, radioimmunoassay, toxicology and electrophoresis), clinical microscopy, and other routine clinical pathology functions.

**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  
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**CPH-1(a) FINE NEEDLE ASPIRATION AND/OR BIOPSY (SUPERFICIAL, NOT REQUIRING RADIOLOGICAL GUIDANCE)**

**SKILLS AND TRAINING NEEDED:**

1. Provide documentation of the successful completion of a Pathology residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Fine Needle Aspiration and/or Biopsy (Superficial, Not Requiring Radiological Guidance); **OR**
1. Provide a minimum number of ten (10) 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 Fine Needle Aspiration and/or Biopsy (Superficial, Not Requiring Radiological Guidance). You must provide documentation of proctoring for ten (10) procedures.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.

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**CPH-1(b) BONE MARROW BIOPSY AND ASPIRATION**

**SKILLS AND TRAINING NEEDED:**

1. Provide documentation of the successful completion of a Pathology residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Bone Marrow Biopsy and Aspiration; **OR**
1. Provide a minimum number of ten (10) 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 Bone Marrow Biopsy and Aspiration. You must provide documentation of proctoring for ten (10) procedures.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.

**CASE LOG**

Physician's Name: \_\_\_\_\_

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

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPTH-1(a))
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30				
			<b>TOTAL</b>	

REFERENCE ONLY

REFERENCE ONLY