



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
ENDOCRINOLOGY
DELINEATION OF PRIVILEGES
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS**

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. |
|--|-----|--|----|--|

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 Endocrinology (CEND-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Endocrinology 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 an AOA accredited Endocrinology 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.

- If the applicant is currently subspecialty certified in Endocrinology by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM), the applicant must:
 1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty-four (24) endocrinology 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-four (24) cases which include the management of thyroid or parathyroid masses, nodules or over-activity; diabetes management, either type I or II, and Osteoporosis in the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

Print Name

To be eligible for core privileges in Pediatric Endocrinology (CEND-2), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Endocrinology by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
 1. Provide documentation of successful completion of an ACGME or an AOA accredited Pediatric Endocrinology 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.

- If the applicant is currently subspecialty certified in Pediatric Endocrinology by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
 1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty-four (24) pediatric endocrinology 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 twenty-four (24) cases which include the management of thyroid masses, nodules or over-activity; diabetes management, either type I or II, and disordered sexual differentiation in the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

Print Name _____

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

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

NOTE 3: If “general” Internal Medicine or “general” Pediatric privileges are required, please request the appropriate additional Delineation of Privileges Forms.

NOTE 4: 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 for provide appropriate support.

| CMC | PVL | UNV | CR | LIN | CAB | UNN | STN | ANN | CLE | ADULT ENDOCRINOLOGY CORE PRIVILEGES |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| | | | N/A | | | | | | | CEND-1 Privileges to evaluate, diagnose, treat and provide consultation to patients of all ages, except where specifically excluded from practice, with injuries or disorders of the internal (endocrine) glands (e.g., thyroid and adrenal glands), and metabolic and nutritional disorders, diabetes in pregnancy or gestational disorders, obesity, pituitary diseases, and menstrual and sexual problems. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills. |

Endocrinology Core privileges include but are not limited to: basic laboratory techniques including interpretation; interpretation of hormone assays; perform and interpret stimulation and suppression tests; perform fine needle aspiration of the thyroid; perform history and physical exam; radiologic measurement of bone density and other tests used in the management of osteoporosis and other metabolic bone diseases; radiologic, and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases; Radionuclide localization of endocrine tissue; ultrasonography of the soft tissues of the neck.

Maintenance Criteria for continued privileges in Adult Endocrinology (CEND-1):

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of ten (10) inpatient or consultative services within the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee’s peers that refers patients to Appointee,
- OR**
1. Provide documentation from the Appointee’s outpatient practice setting of at least twenty-four (24) cases which include the management of thyroid or parathyroid masses, nodules or over-activity; diabetes management, either type I or II, and Osteoporosis in the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee’s peers that refers patients to Appointee.

Print Name _____

| CMC | PVL | UNV | CR | LIN | CAB | UNN | STN | ANN | CLE | CORE ENDOCRINOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u> | |
|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|--|--|
| N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | CEND-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. |

REFERENCE

Print Name _____

| CMC | PVL | UNV | CR | LIN | CAB | UNN | STN | ANN | CLE | PEDIATRIC ENDOCRINOLOGY CORE PRIVILEGES | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|
| | | | N/A | | | | | | | CEND-2 | Evaluate, provide comprehensive examination, consultation, diagnosis and treatment to infants, children and adolescents with diseases or disorders resulting from an abnormality in the endocrine glands, including but not limited to diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, defects of the genital region and disorders of the thyroid, adrenal and pituitary glands. Assess, stabilize and determine the disposition of patients with emergency conditions. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills. |

Pediatric Endocrinology Core Privileges include performance of history and physical exam, interpretation of laboratory studies, including the effects of non-endocrine disorders, growth hormone release, interpret of hormone assays, Luteinizing-hormone-releasing hormone and thyrotropin-releasing hormone testing, performance and interpretation of stimulation and suppression tests, provocation testing, preliminary interpretation of radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic disease.

Reappointment Criteria for continued privileges in Pediatric Endocrinology (CEND-2):

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of ten (10) inpatient or consultative services within the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee's peers that refers patients to Appointee,
- OR**
1. Provide documentation from the Appointee's outpatient practice setting of at least twenty-four (24) cases which include the management of thyroid masses, nodules or over-activity; diabetes management, either type I or II, and disordered sexual differentiation in the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee's peers that refers patients to Appointee.

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

REFERENCE ONLY