



# 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  
SPECIALTY OF PLASTIC SURGERY**

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

	<b>YES</b>		<b>NO*</b>	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 Plastic Surgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Plastic Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
  1. Provide documentation of successful completion of an ACGME accredited residency training program in Plastic Surgery, within the past five (5) years;  
**AND**
  2. Demonstrate performance of surgical procedures for at least one hundred and fifty (150) patients in the past two (2) years in the area of plastic surgery.
  
- If the applicant is currently certified in Plastic Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of specialty certification in Plastic Surgery from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
  1. Demonstrate performance of surgical procedures for least one hundred and fifty (150) patients in the past two (2) years in the area of plastic of surgery;  
**AND**
  2. Plastic surgeons who are ACGME or AOA fellowship trained in Plastic Surgery within the Head and Neck or Surgery of the Hand, must demonstrate that they have managed at least one hundred and fifty (150) patients in their subspecialty during 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 Plastic Surgery 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		PLASTIC SURGERY CORE PRIVILEGES
			N/A							CPSU-1	Evaluate, diagnose, and provide consultation to patients of all ages with congenital and/or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast, trunk, external genitalia, and soft tissue, including the aesthetic management.

NOTE: Plastic Surgery Core Privileges include facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips; free tissue transfer flap with microvascular anastomosis; hair transplantation, punch or strip; liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities; major head and neck radical cancer surgery and reconstruction; management of all forms of facial or maxillofacial trauma including fractures; management of patients with burns, including plastic procedures on the extremities; plastic procedures of external and internal male and female genitalia including gender dysphoria or hypospadias; gender reassignment surgery; plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction; plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin-grafting procedures, the use of pedicle flaps, or collagen injection; plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons; removal of benign and malignant tumors of the skin; resection of intra oral tumors, oral cavity, palate; surgery of congenital anomalies, including cleft lip and cleft palate; cryotherapy; use of adjunct energy sources such as lasers.

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

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>PLASTIC SURGERY HAND CORE PRIVILEGES (ONLY)</b>
			N/A							CPSU-2	Evaluate, diagnose, treat, provide consultation, and perform surgical procedures for patients of all ages presenting with diseases, injuries and disorders, both congenital and acquired, of the hand, wrist, and related structures.

Plastic Surgery Hand Core privileges shall include arthroplasty of large and small joints, including implants; bone graft pertaining to the hand; carpal tunnel decompression; fasciotomy and fasciectomy; fracture fixation with compression plates or wires; lacerations; microvascular procedures; nerve graft; neurorrhaphy; open and closed reductions of fractures; removal of soft tissue mass, ganglion palm or wrist, flexor sheath; repair of rheumatoid arthritis deformity; skin grafts; tendon reconstruction (free graft, staged); tendon release, repair and fixation; tendon transfers; treatment of infections; replant.

**Maintenance Criteria for Continued Core Privileges:**

The Physician must submit a minimum of one hundred and fifty (150) representative samples of Plastic Surgery Hand Core Privileges 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.

**\* 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>PLASTIC SURGERY SPECIAL PRIVILEGE</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A						N/A	Must apply for and maintain Core Privileges CPSU-3*	5		Mid Face and Mandibular Osteotomies

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		<b>CORE PLASTIC SURGERY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CPSU-4	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

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

**CPSU-3 MID FACE AND MANDIBULAR OSTEOTOMIES**

**Short Definition:** Surgical correction of malocclusion with midface or mandibular osteotomies (orthognathic surgery). Maxillary osteotomies at the LeFort I, LeFort II and LeFort III levels as well as mandibular osteotomies (except for genioplasty) to correct malocclusion.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Plastic Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Mid Face and Mandibular Osteotomies; **OR**
1. Provide a minimum number of five (5) 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 Mid Face and Mandibular Osteotomies. You must provide documentation of proctoring for five (5) procedures.

**Maintenance Criteria for Continued Privileges:**

The Physician must submit a minimum of five (5) procedures 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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**CASE LOG**

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

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

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPSU-3)
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			<b>TOTAL</b>	

REFERENCE ONLY