



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
SPORTS 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

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

- o 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 Sports Medicine; **AND**
 2. Demonstrate sufficient experience in Sports Medicine skills to safely undertake the full spectrum of the Sports 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) Sports Medicine patient encounters during their training program.

- o 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 Sports Medicine or clinical practice experience; **AND**
 2. Submit documentation of thirty (30) Sports Medicine patient encounters can include outpatient 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.

ANS	CAB	CMC	CR	CLV	LIN	PVL	STN	UNN	UNC		SPORTS MEDICINE CORE PRIVILEGE
										SM-1	Evaluate, prevent, diagnose, and treat injuries related to participation in sports and/or exercise; illnesses and diseases that might stem from and have effects on health and physical performance; and skills in the evaluation and management of those illnesses and diseases that might have an effect on health and athletic performance for patients of all ages

ANS	CAB	CMC	CR	CLV	LIN	PVL	STN	UNN	UNC	SPORTS MEDICINE SPECIAL PRIVILEGE Must apply for and maintain Sports Medicine Core Privileges (SM-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										SM-1(a) Ultrasound-Guided Percutaneous Tenotomy	10		

SM-1(a) Ultrasound-Guided Percutaneous Tenotomy

DEFINITION: Under local anesthesia and ultrasound guidance, a 14-gauge needle-like device releases a steady stream of a saline solution and separates damaged tissue from healthy tissue (i.e. percutaneous tenotomy), and then damaged tissue is removed through a second port on the needle.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation competence and qualifications and for resolving any doubts about such qualifications. This documentation must be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of an ACGME or AOA Primary Care Sports Medicine Fellowship Training Program within the two (2) years and have written documentation from the Program Director demonstrating competency in Ultrasound Guided Percutaneous Tenotomy; **OR**
1. Provide a minimum of ten (10) ultrasound guided percutaneous tenotomy cases performed over the last 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 Tenjet. You must provide documentation of proctoring for fifteen (15) procedures.

REAPPOINTMENT: For privileges granted during initial credentialing, the Practitioner must perform a minimum of 5 ultrasound guided percutaneous tenotomy procedures over a two (2) year period to be eligible to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

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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Approved by AH Medical Executive Committee: 08/04/2022
Approved by Board of Commissioner: 08/09/2022

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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25				
26				

TOTAL	
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REFERENCE ONLY