

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF DERMATOLOGY**

NAME OF APPLICANT _____ DATE _____

Initial Appointment and/or Additional Privileges Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				Core Privileges in Dermatology: includes performing a history and physical, interpreting laboratory studies, interpreting and performing diagnostic studies and treatment plans for the following ages:			
				Neonates and Infants from 0 to 2 years of age			
				Children from 3 to 13 years of age			
				Adolescents and Young Adults 14 years of age and older			
				In helping to evaluate your qualifications, please complete the following information if you are requesting clinical privileges in Dermatology. (*) Please provide documentation. _____ (*) Certified as a Diplomat of the American Board of Dermatology (ABD) Date: _____ _____ (*) Board Eligible (ABD). Other Board Certificate: _____ Date: _____			
				CATEGORY I			

M = LAC+USC Medical Center
 E = El Monte Comprehensive Health Center
 H = Hudson Comprehensive Health Center
 R = Roybal Comprehensive Health Center

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M	E	H	R			Competency	Other

				<p>1. ROUTINE DERMATOLOGY PRIVILEGES</p> <p>Administration and interpretation of patch testing and intradermal tests.</p> <p>Clinical mycological techniques including potassium hydroxide preparation, culture and identification of dermatophytes, molds, and contaminants, bacterial gram stains and Tzanck smears.</p> <p>Review of dermatologic pathology slides as interpreted by the Department of Pathology in order to correlate with the clinical disease state.</p> <p>Diagnosis and treatment of simple and more complex life threatening or disfiguring dermatologic disorders for all ages.</p> <p>Routine surgical procedures, except those specified in Category II</p>			
				<p>REQUIREMENTS</p> <p>1. An unrestricted license to practice medicine in the state of California.</p> <p>2. Membership on the Attending Staff of LAC+USC Medical Center, or temporary privileges granted by the Medical Director of the hospital.</p> <p>3. Either of the following:</p> <p>a. Certification as a Diplomat of the American Board of Dermatology.</p> <p>b. Three years of training in an approved Dermatology residency program (including credit for other specialty training acceptable to the Board).</p>			
				CATEGORY II			
				<p>2. Special Dermatology Privileges</p> <p>Category II Privileges are Privileges in areas of special competence requiring experience and/or training beyond that common to all dermatologists.</p>			

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				3. MOHS Surgery			
				4. Advanced Surgical Techniques: (Check specific privileges desired)			
				a. Nail Surgery			
				b. Skin grafts			
				c. Local flaps			
				d. Sclerotherapy			
				e. Wedge excision of lip or ear			
				f. Scar revision			
				g. Injectable tissue augmentation			
				h. Laser Surgery			
				i. Liposuction			
				j. Hair replacement surgery			
				k. Dermabrasion			
				l. Chemical peel			

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				<p>REQUIREMENTS</p> <p>1. Must meet the qualifications of Category I.</p> <p>Satisfactory completion of a fellowship, course, or equivalent training program acceptable to the Chief of the Division of Dermatology; or submission of sufficient case material as proof of experience for reviews and approval by the Chief of the Division of Dermatology. Appropriate training received in _____ residency; _____ preceptorship; _____ courses.</p>			
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PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient’s life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and 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 in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

 APPLICANT’S SIGNATURE

 DATE

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Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____
 Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____
 Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE **DATE**

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:	APPROVED BY EXECUTIVE COMMITTEE ON:
APPROVED BY GOVERNING BODY ON:	PERIOD ENDING:

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