ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF DERMATOLOGY
INTERNAL MEDICINE AND 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 Dermatology, the applicant must meet the following qualifications:

☐ If the applicant is not currently certified in Dermatology 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 or AOA accredited Dermatology fellowship training program, within the past five (5) years; **AND**

2. Verification from the fellowship program director that the Applicant successful 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 certified in Dermatology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:

1. Provide documentation of certification in Dermatology from the American Board of Medical Specialties or the American Osteopathic Association (AOA); **AND**

2. Provide documentation of consultative, inpatient, or outpatient services for at least six (6) patients during the past two (2) years; **AND**

3. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

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Print Name

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Dermatology 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.

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		ADULT DERMATOLOGY CORE PRIVILEGES
			N/A								CDRM-1	Privileges to provide comprehensive examination, consultation, diagnosis and treat patients of all ages, except as specifically excluded from practice, with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia and cutaneous glands) as well as sexually transmitted diseases
Adult Dermatology Core Privileges include but are not limited to treatment of: skin cancers, melanomas, moles, and other tumors of the skin, the management of contact dermatitis and other allergic and nonallergic skin disorders, and management of disorders of the skin such as hair loss and scars and the skin changes associated with aging, including consultation and the performance of simple excision and repair, skin and nail biopsy, scalp surgery, skin grafting, sclerotherapy, electrosurgery, collagen injections, cryosurgery, dermabrasion and patch tests.												

CDRM-1 MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of three (3) inpatient or outpatient consultations 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.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		CORE DERMATOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	CDRM-3	Privileges include evaluation, assessment, diagnosis, consultation and management, and procedures approve for performance within the acute rehabilitation setting, to patients with physical and/or cognitive impairments and disability, in conjunction with the comprehensive rehabilitation goals and treatment plan.

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Print Name

To be eligible for core privileges in **Pediatric Dermatology**, the applicant must meet the following qualifications:

1. Provide documentation of successful completion of an ACGME or AOA accredited Pediatrics Dermatology fellowship training program, within the past five (5) years; **AND**

2. Verification from the fellowship program director that the Applicant successful 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.

OR

1. Provide documentation of certification in Pediatric Dermatology from the American Board of Medical Specialties or the American Osteopathic Association (AOA); **AND**

2. Provide documentation of consultative, inpatient, or outpatient services for at least six (6) pediatric patients during the past two (2) years; **AND**

3. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		PEDIATRIC DERMATOLOGY CORE PRIVILEGES
			N/A								CDRM-2	Privileges to provide comprehensive examination, consultation, and diagnosis for patients from birth to young adulthood with atopic dermatitis, psoriasis, blistering disorders, and infectious diseases, as well as to medically complicated patients with cutaneous manifestations of multisystem diseases.
Pediatric Dermatology Core Privileges include interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes.												

CDRM-2 MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of three (3) inpatient or outpatient consultations 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.

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

CASE LOG

Physician's Name: _____ **Date: _____**

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CDRM-1)
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