

**ATRIUM HEALTH  
INFECTIOUS DISEASE  
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS  
DELINEATION OF PRIVILEGES**

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

	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 Adult Infectious Disease (CID-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Infectious Disease 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 AOA accredited Infectious Disease or Pediatric Infectious Diseases Fellowship Training Program in Infectious Disease(s) 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 proper evaluation of current competence, and other infectious disease related qualifications and for resolving any doubts; **OR**
  
- If the applicant is currently subspecialty certified in Infectious Disease by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM), the applicant must:
  1. Applicant for initial appointment must be able to demonstrate that he/she has provided inpatient or consultative services for at least fifty (50) Adult Infectious Disease patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
  
- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Infectious Disease privileges by meeting the following qualifications:
  1. Applicant for initial appointment must be able to demonstrate that he/she has provided inpatient or consultative services for at least fifty (50) Adult Infectious Disease patients during the past two (2) years in an accredited hospital or healthcare facility.

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

- If the applicant is not currently subspecialty certified in Pediatric Infectious Disease 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 AOA accredited Pediatric Infectious Diseases Fellowship Training Program in Infectious Disease(s) 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 proper evaluation of current competence, and other infectious disease related qualifications and for resolving any doubts; **OR**
- If the applicant is currently subspecialty certified in Pediatric Infectious Disease by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
  1. Applicant for initial appointment must be able to demonstrate that he/she has provided inpatient, outpatient, or consultative services for at least twenty-five (25) Pediatric Infectious Disease patients during the past two (2) years in an accredited hospital or healthcare facility. In the event there are insignificant inpatient encounters, the submission of a Peer Review Evaluation Form is to be completed by one of the Applicant's peers that refers patients to the Applicant or practices with the Applicant.

NOTE 1: Physicians must apply for "Core" privileges in order to be eligible for clinical privileges in Infectious Disease 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 Pediatric privileges are required, please request the appropriate Delineation of Privileges Form.

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 to provide appropriate support.

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

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>ADULT INFECTIOUS DISEASE CORE PRIVILEGES</b>
			N/A								CID-1	Privileges to evaluate, and provide consultation to adolescents and greater with acute and chronic infectious or suspected infectious or immunologic diseases, underlying diseases that predispose to unusual severe infections, unclear diagnoses, uncommon diseases, and complex or investigation treatments. This includes patients who are neutropenic; have leukemia, lymphoma, or other malignancies; are post-solid organ or bone marrow transplantation; have HIV/AIDS or are immunocompromised by other disease or medical therapies.

**ADULT INFECTIOUS DISEASE:** Administration of antimicrobial and biological products via all routes; application and interpretation of diagnostic tests; aspiration or I&D of superficial abscess; interpretation of Gram's stain; management, maintenance, and removal of indwelling venous access catheters; lumbar puncture; punch skin biopsies; arthrocentesis.

**Maintenance Criteria for Continued Privileges (CID-1):**

The Physician must submit a minimum of ten (10) representative samples of Adult Infectious Disease Core patients/procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Infectious Disease Core privileges (CID-1) 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.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>CORE INFECTIOUS DISEASE PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	CID-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.

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

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>PEDIATRIC INFECTIOUS DISEASES CORE PRIVILEGES</b>
			N/A							N/A	CID-2	Privileges to evaluate, and provide consultation to children birth to adolescents with acute and chronic infectious or suspected infectious or immunologic diseases, underlying diseases that predispose to unusual severe infections, unclear diagnoses, uncommon diseases, and complex or investigation treatments. This includes patients who are neutropenic; have leukemia, lymphoma, or other malignancies; are post-solid organ or bone marrow transplantation; have HIV/AIDS or are immunocompromised by other disease or medical therapies.

**PEDIATRIC INFECTIOUS DISEASE:** Administration of antimicrobial and biological products via all routes; application and interpretation of diagnostic tests; aspiration or I&D of superficial abscess; interpretation of Gram's stain; management, maintenance, and removal of indwelling venous access catheters; lumbar puncture; punch skin biopsies; arthrocentesis.

**Maintenance Criteria for Continued Privileges (CID-2):**

The Physician must submit a minimum of ten (10) representative samples of Pediatric Infectious Diseases Core patient encounters to include inpatient, outpatient, or consultative services for at least ten (10) Pediatric Infectious Diseases patients during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. In the event there are insignificant inpatient encounters, the submission of a Peer Review Evaluation Form is to be completed by one of the Applicant's peers that refers patients to the Applicant or practices with the Applicant. Physicians who would like to continue to hold any Pediatric Infectious Diseases Core privileges (CID-2) 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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**CASE LOG**

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

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

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CID-1)
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			<b>TOTAL</b>	