ATRIUM HEALTH
SLEEP MEDICINE DELINEATION OF PRIVILEGES
SPECIALTIES OF ANESTHESIOLOGY, FAMILY MEDICINE, OTOLARYNGOLOGY, NEUROLOGY, PEDIATRICS, PSYCHIATRY, INTERNAL MEDICINE AND PULMONARY DISEASES

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Print Name

☐ **Initial appointment** ☐ **Reappointment** ☐ **Updated DOP** ☐ **Request for Clinical Privileges**

The applicant must meet the following:

1. Provide documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited Sleep Medicine 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. Present evidence of Certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) in Sleep Medicine.

OR

1. Present evidence of certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**

2. Present evidence of subspecialty certification in Sleep Medicine or Certification of Added Qualifications (CAQ) in Sleep Medicine and provide a letter of reference from the director of the sleep medicine program where the applicant trained; **OR**

2. Provide documentation of successful completion of a sleep medicine fellowship training program and provide a letter of reference from the director that demonstrates clinical competence as a sleep medicine consultant, to include satisfactory ratings of the applicant's ability to interpret results of the following diagnostic tests: polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring related to sleep disorders;

OR

1. Present evidence of certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**

2. Provide documentation of twelve (12) months of formal training in Sleep Medicine (Attestation of the equivalent of twelve (12) months of full-time post-training experience providing clinical care of patients with sleep disorders, accumulated over a maximum of five years prior to application for examination and involving minimum experience of evaluating 400 patients, as well as interpreting and reviewing raw data of 200 polysomnograms and 25 multiple sleep latency tests); **AND**

3. Provide a letter of reference from the director of the training program where the applicant previously was affiliated.

NOTE 1: “CORE” privileges cannot be amended or altered in any way.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		SLEEP MEDICINE CORE PRIVILEGES
										N/A	SLP-1*	Privileges to evaluate, diagnose, provide consultation to, and treat patients of all ages except where specifically excluded from practice, presenting with conditions or disorders of sleep, e.g., sleep-disordered breathing, circadian rhythm disorders, insomnia, parasomnias, narcolepsy, restless leg syndrome.
NOTE: Privileges include but are not limited to, polysomnography (PSG) (including sleep stage scoring), multiple sleep latency testing (MSLT), actigraphy, sleep log interpretation, home/ambulatory testing, maintenance of wakefulness testing (MWT), Oximetry, Monitoring with Interpretation of EKG, EEG, EOG, EMG+, 0_2 saturation, leg movements, thoracic and abdominal movement, and PAP titration.												

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. CSLP-1)
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