

## DOP INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster), you must meet the initial criteria detailed on the DOP.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

### IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization. These core privileges do not include any of the special procedures listed below.											

### IMAGE #2

#### Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core 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.

**ATRIUM HEALTH  
ALLIED HEALTH PROFESSIONAL  
REAPPOINTMENT HOSPICE AND PALLIATIVE MEDICINE DELINEATION OF PRIVILEGES  
SPECIALTIES OF ANESTHESIOLOGY, EMERGENCY MEDICINE, FAMILY MEDICINE, INTERNAL MEDICINE, NEUROLOGY, PEDIATRICS, PHYSICAL  
MEDICINE & REHABILITATION AND PSYCHIATRY**

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Print Name

**SUMMARY OF OCCUPATION:**

1. The Allied Health Professional is a skilled member of the health care team who is qualified by academic and clinical education [and experience](#) to provide patient services as an Allied Health Professional under the supervision of a member(s) of the Medical Staff of Atrium Health in accordance with the Bylaws of the Medical Staff.
2. He/she [shall](#) assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board, [and authorized under applicable law](#).
3. [For purposes of this form](#), Allied Health Professional [shall mean a](#) "Dependent Practitioner" [defined as](#) a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service under the supervision of a physician who is currently appointed to the Medical Staff of Atrium Health.

**ORGANIZATIONAL RELATIONSHIP:**

1. The Allied Health Professional [shall only exercise those clinical privileges maintained by](#) the supervising physician(s) [and approved by the Board](#). [The Allied Health Professional](#) may also assist the residents assigned to the Department in performance of their duties and responsibilities as assigned by their supervising physician. The Allied Health Professional shall notify the supervising physician of all cases of acute and severe distress, serious nature (life- or limb-threatening), or whenever the patient wishes to see a physician or has unanswered questions.
2. [The Allied Health Professional shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession.](#) The Allied Health Professional shall wear a nametag identifying him/herself as an Allied Health Professional and introduce him/herself as an Allied Health Professional, and shall at no time imply, state, or lead one to believe that he/she is a physician.
3. The Allied Health Professional must [conduct all duties and responsibilities in accordance](#) with departmental and hospital policies and procedures.
4. A nurse or secretary who receives an order from [an](#) Allied Health Professional for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.
5. [The supervising physician\(s\) must sign the Delineation of Privileges form of the Allied Health Professional, accepting responsibility for appropriate supervision, and shall intervene and directly assume the care of any patient when requested by the patient or the Allied Health Professional, required by hospital policies and procedures, or when in the interest of patient care. The supervising physician\(s\) shall co-sign entries on the medical records of patients seen or treated by the Allied Health Professional as required by hospital policies and procedures.](#)

**QUALIFICATIONS:**

1. The Allied Health Professional [shall](#) maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the Allied Health Professional shall be delineated on an approved Delineation of Privileges form and approved by the Board.

**QUALIFICATIONS - continued:**

3. The Supervising Physician shall delegate only tasks and procedures to his or her Allied Health Professional which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the Allied Health Professional has been approved to perform. It is understood that the supervision of an Allied Health Professional shall never be transferred to a physician who is not currently a fully appointed member of Atrium Health Medical Staff.
4. If the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician are resigned, revoked or terminated, the Allied Health Professional's permission to practice shall automatically terminate and his or her clinical privileges shall be automatically relinquished.

**SUPERVISION:**

Except where the Delineation of Privileges form provides for Personal Supervision or Proximate Supervision, General Supervision (as defined below) will be required for all tasks and procedures performed by the Allied Health Professional.

1. "General Supervision" shall mean the procedure is furnished under the supervising physician's overall direction and control, but the physician is not required to be present during the procedure. General Supervision requires the performance of tasks and procedures in a manner that is consistent with state law, the applicable standard of care, Medical Staff Bylaws and hospital policies and procedures, but does not require Personal Supervision or Proximate Supervision, as those terms are defined below.
2. "Proximate Supervision for these procedures" shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Allied Health Professional as needed.
3. "Personal Supervision" shall mean the physical presence of a sponsoring/supervising physician in the room with the Allied Health Professional during the performance of a procedure.

**ATRIUM HEALTH  
DELINEATION OF PRIVILEGES FORM  
ALLIED HEALTH PROFESSIONALS  
REAPPOINTMENT PHYSICIAN ASSISTANT OR NURSE PRACTITIONER DELINEATION OF PRIVILEGES  
HOSPICE AND PALLIATIVE MEDICINE  
SPECIALTIES OF ANESTHESIOLOGY, EMERGENCY MEDICINE, FAMILY MEDICINE, INTERNAL MEDICINE, NEUROLOGY, PEDIATRICS, PHYSICAL  
MEDICINE & REHABILITATION AND PSYCHIATRY**

**NOTE: "CORE" privileges cannot be amended or altered in any way.**

Allied Health Professionals must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>HOSPICE AND PALLIATIVE MEDICINE CORE PRIVILEGES</b>
										CAHP-PAL-1	Provide care, treatment, and services consistent with hospice and palliative care practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, comfort care, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; apply, removal, and change dressings and bandages; counsel and instruct patients and significant others as appropriate; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; remove nasogastric tubes; make daily rounds on hospitalized patients with or at the direction of the supervising physician; monitor and manage stable acute and chronic illnesses of the population served; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, X-ray, EKG, IV fluids and electrolytes; support the palliative care and end-of-life needs of patients and their families; record progress notes; write discharge summaries.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>TELEMEDICINE PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS</b>
										CAHP-PAL-T	<p>Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to provide or support clinical care at a distance. Telemedicine privileges shall include Provide care, treatment, and services consistent with hospice and palliative care practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, comfort care, health counseling for patients within the age group of patients seen by the sponsoring physician(s). <a href="#">The Supervising Physician shall remain responsible for all clinical activity of the Allied Health Professional.</a></p> <p><a href="#">PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.</a></p>

**PRIVILEGES REQUESTED BY:**

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.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Applicant

**SPONSORING PHYSICIAN:**

\_\_\_\_\_  
Signature of Sponsoring Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Sponsoring Physician

\_\_\_\_\_  
Signature of Sponsoring Physician

\_\_\_\_\_  
Date

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Printed or typed name of Sponsoring Physician