

## 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
  - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
  - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
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.
<p>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.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

### 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  
REAPPOINTMENT DOP  
ENDOCRINOLOGY  
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF 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.**

To be eligible for core privileges in Adult Endocrinology (CEND-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Endocrinology 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 an AOA accredited Endocrinology fellowship training program, 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 a proper evaluation of current competence, and other qualifications and for resolving any doubts.
  
- If the applicant is currently subspecialty certified in Endocrinology by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM), the applicant must:
  1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty-four (24) endocrinology patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
  1. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least twenty-four (24) cases which include the management of thyroid or parathyroid masses, nodules or over-activity; diabetes management, either type I or II, and Osteoporosis in the most recent two (2) years; **AND**
  2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

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

- If the applicant is not currently subspecialty certified in Endocrinology 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 an AOA accredited Pediatric Endocrinology fellowship training program, 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 a proper evaluation of current competence, and other qualifications and for resolving any doubts.
  
- If the applicant is currently subspecialty certified in Pediatric Endocrinology by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
  1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty-four (24) pediatric endocrinology patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
  2. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least twenty-four (24) cases which include the management of thyroid masses, nodules or over-activity; diabetes management, either type I or II, and disordered sexual differentiation in the most recent two (2) years; **AND**
  2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Endocrinology 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 “general” Pediatric privileges are required, please request the appropriate additional Delineation of Privileges Forms.

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 for provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		ADULT ENDOCRINOLOGY CORE PRIVILEGES
			N/A							CEND-1	Privileges to evaluate, diagnose, treat and provide consultation to patients of all ages, except where specifically excluded from practice, with injuries or disorders of the internal (endocrine) glands (e.g., thyroid and adrenal glands), and metabolic and nutritional disorders, diabetes in pregnancy or gestational disorders, obesity, pituitary diseases, and menstrual and sexual problems. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Endocrinology Core privileges include but are not limited to: basic laboratory techniques including interpretation; interpretation of hormone assays; perform and interpret stimulation and suppression tests; perform fine needle aspiration of the thyroid; perform history and physical exam; radiologic measurement of bone density and other tests used in the management of osteoporosis and other metabolic bone diseases; radiologic, and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases; Radionuclide localization of endocrine tissue; ultrasonography of the soft tissues of the neck.

**Maintenance Criteria for continued privileges in Adult Endocrinology (CEND-1):**

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of ten (10) inpatient or consultative services 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,
- OR**
1. Provide documentation from the Appointee’s outpatient practice setting of at least twenty-four (24) cases which include the management of thyroid or parathyroid masses, nodules or over-activity; diabetes management, either type I or II, and Osteoporosis in 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	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		<b>CORE ENDOCRINOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CEND-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.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		<b>PEDIATRIC ENDOCRINOLOGY CORE PRIVILEGES</b>
			N/A						N/A	CEND-2	Evaluate, provide comprehensive examination, consultation, diagnosis and treatment to infants, children and adolescents with diseases or disorders resulting from an abnormality in the endocrine glands, including but not limited to diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, defects of the genital region and disorders of the thyroid, adrenal and pituitary glands. Assess, stabilize and determine the disposition of patients with emergency conditions. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Pediatric Endocrinology Core Privileges include performance of history and physical exam, interpretation of laboratory studies, including the effects of non-endocrine disorders, growth hormone release, interpret of hormone assays, Luteinizing-hormone-releasing hormone and thyrotropin-releasing hormone testing, performance and interpretation of stimulation and suppression tests, provocation testing, preliminary interpretation of radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic disease.

**Maintenance Criteria for continued privileges in Pediatric Endocrinology (CEND-2):**

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of ten (10) inpatient or consultative services 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,
- OR**
1. Provide documentation from the Appointee's outpatient practice setting of at least twenty-four (24) cases which include the management of thyroid masses, nodules or over-activity; diabetes management, either type I or II, and disordered sexual differentiation in 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