

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
 - 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.

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
REAPPOINTMENT DOP
SLEEP MEDICINE**
**SPECIALTIES OF ANESTHESIOLOGY, FAMILY MEDICINE, OTOLARYNGOLOGY, NEUROLOGY, PEDIATRICS,
PSYCHIATRY, INTERNAL MEDICINE AND PULMONARY DISEASES**

Print Name

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 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.

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 City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		SLEEP MEDICINE CORE PRIVILEGES
										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+, O₂ 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