

**ATRIUM HEALTH  
DELINEATION OF PRIVILEGES  
ALLIED HEALTH PROFESSIONAL  
INDEPENDENT PRACTITIONER  
SPECIALTY OF PODIATRY**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- My DOP is accurate and reflects privileges relevant to my current practice
  
- I have listed privileges that should be removed:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.**

**TYPE I PODIATRIC PROCEDURES: Maintenance Criteria for Continued Privileges (Type I):**

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of fifteen (15) representative samples of Type I podiatric procedures over a two (2) year period to be eligible to reapply for Type I privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

**TYPE II PODIATRIC PROCDCURES: Maintenance Criteria for Continued Privileges (Type II):**

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of fifteen (15) representative samples of Type II podiatric procedures over a two (2) year period to be eligible to reapply for Type II privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

**TYPE III PODIATRIC PROCEDURES: Maintenance Criteria for Continued Privileges (Type III):**

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of ten (10) representative samples of Type III podiatric procedures over a two (2) year period to be eligible to reapply for Type III privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

**TYPE IV PODIATRIC PROCEDURES: Maintenance Criteria for Continued Privileges (Type IV):**

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of ten (10) representative samples of Type IV podiatric procedures over a two (2) year period to be eligible to reapply for Type IV privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

**STOP:**

**UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.**

**ATRIUM HEALTH  
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SPECIALTY OF PODIATRY**

Initial appointment

Reappointment

Updated DOP

	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.

To be eligible for core privileges in Podiatry, the applicant must meet the following qualifications:

- If the applicant is not currently certified by the American Board of Foot and Ankle Surgery, the applicant must:
  1. Provide documentation of successful completion of an ABFAS accredited residency training program within the past five (5) years; **AND**
  2. Demonstrate successful completion of a Council on Podiatric Medical Education (CPME) – accredited training program and demonstrated competence reflective of the scope of privileges requested; **AND**
  3. Provide documentation of an agreement for admissions and care of patients by a qualified member of the Medical Staff; **OR**
- If the applicant is currently certified by the American Board of Foot and Ankle Surgery, the applicant must:
  1. Demonstrate successful completion of a Council on Podiatric Medical Education (CPME) – accredited training program and demonstrated competence reflective of the scope of privileges requested; **AND**
  2. Provide documentation of an agreement for admissions and care of patients by a qualified member of the Medical Staff.
- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Podiatry privileges by meeting the following qualifications:
  1. Demonstrate successful completion of a Council on Podiatric Medical Education (CPME) – accredited training program and demonstrated competence reflective of the scope of privileges requested; **AND**
  2. Provide documentation of an agreement for admissions and care of patients by a qualified member of the Medical Staff.

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

**NOTE 1: "CORE" privileges cannot be amended or altered in any way.**

**NOTE 2: An adequate history and physical examination must be performed by a qualified member of the Medical Staff on every patient taken to the operating room.**

**NOTE 3: 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.**

**TYPE I PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Performance of at least thirty (30) Type I podiatric procedures reflective of the scope of privileges requested during the past two (2) years or demonstrated successful completion of an accredited training program or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>TYPE I PODIATRIC CORE PRIVILEGES</b>
											CAHP-POD-1	Evaluate, diagnose, provide consultation, order diagnostic studies, and treat the foot by mechanical, medical or superficial surgical means on patients of all ages. The core privileges in this specialty include Type III podiatric privileges and procedures and such other procedures that are extensions of the same technique and skills.

Privileges include soft tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix, removal of superficial foreign body, treatment of corns and calluses, order and interpret diagnostic tests related to podiatric patients, apply or prescribe foot appliances, orthotics, shoe modifications, special footwear, and write prescriptions for medications commonly used in practice of podiatry.

Maintenance Criteria for Continued Privileges (Type I):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of fifteen (15) representative samples of Type I podiatric procedures over a two (2) year period to be eligible to reapply for Type I privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

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

**TYPE II PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and demonstrated competence in the privileges requested; **AND**
2. Demonstrate the performance of at least thirty (30) Type II podiatric procedures reflective of the scope of the privileges requested during the past two (2) years; **OR**
2. Demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>TYPE II PODIATRIC CORE PRIVILEGES</b> <i>(Includes privileges in Type I Core)</i>
			N/A								CAHP-POD-2	Evaluate and treat patients of all ages with podiatric problems/conditions of the forefoot and midfoot and nonreconstructive hindfoot. The core privileges in this specialty include such other procedures that are extensions of the same technique and skills.

Privileges include anesthesia (topical, local, and regional blocks), debridement of ulcer, digital exostectomy, digital fusions, digital tendon transfers, lengthening, repair, digital/ray amputation, excision of benign bone cysts and bone tumors, forefoot, excision of sesamoids, excision of skin lesion of foot and ankle, excision of soft tissue mass (neuroma, ganglion, fibroma), hallux valgus repair with or without metatarsal osteotomy (including first metatarsal cuneiform joint), implant arthroplasty forefoot, incision of abscess, incision of onychia, metatarsal exostectomy, metatarsal osteotomy, midtarsal and tarsal exostectomy (include posterior calc spur), neurolysis of forefoot nerves, onychoplasty, open/closure reduction, digital fracture, open/close reduction, metatarsal fractures plantar fasciotomy with or without excision of calc spur, removal of foreign body, syndactylization of digits, tenotomy/capsulotomy, digit, tenotomy/capsulotomy, metatarsal, phalangeal joint, and treatment of deep wound infections, and osteomyelitis.

Maintenance Criteria for Continued Privileges (Type II):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of fifteen (15) representative samples of Type II podiatric procedures over a two (2) year period to be eligible to reapply for Type II privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

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

**TYPE III PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and demonstrated competence in the privileges requested; **AND**
2. Demonstrate the performance of at least twenty (20) Type III podiatric procedures reflective of the scope of the privileges requested during the past twenty-four (24) months; **OR**
2. Demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>TYPE III PODIATRIC CORE PRIVILEGES</b> <i>(Includes privileges in Type I and Type II Cores)</i>
			N/A								CAHP-POD-3	Evaluate, diagnose, provide consultation, order diagnostic studies, and treat the forefoot, midfoot, rearfoot, and reconstructive and nonreconstructive hind foot and related structures by medical or surgical means. The core privileges in this specialty include Type II podiatric privileges and such other procedures that are extensions of the same technique and skills.

Privileges include excision of accessory ossicles, midfoot and rearfoot, excision of benign bone cyst or bone tumors, rearfoot, neurolysis of nerves, rearfoot, open/closed reduction of foot fracture other than digital or metatarsal excluding calcaneal, osteotomies of the midfoot and rearfoot, polydactylism revision, rearfoot fusion, skin graft, synactylism revision, tarsal coalition repair, tendon lengthening (nondigital), tendon rupture repair (nondigital), tendon transfers (nondigital), tenodesis, and Traumatic injury of foot and related structures.

Maintenance Criteria for Continued Privileges (Type III):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of ten (10) representative samples of Type III podiatric procedures over a two (2) year period to be eligible to reapply for Type III privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

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

**TYPE IV PODIATRIC CORE PRIVILEGES**

The applicant must meet the following:

1. Demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and demonstrated competence in the privileges requested; **AND**
2. Demonstrate the performance of at least twenty (20) Type IV podiatric procedures reflective of the scope of the privileges requested during the past two (2) years; **OR**
2. Demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past twelve (12) months.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>TYPE IV PODIATRIC CORE PRIVILEGES</b> <i>(Includes privileges in Type I, Type II, and Type III Cores)</i>
			N/A						N/A	N/A	CAHP-POD-4	Evaluate and treat patients of all ages with podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. Assess, stabilize, and determine disposition of patients with emergency conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include Type III podiatric privileges and such other procedures that are extensions of the same technique and skill.

Privileges include ankle fusion, ankle stabilization procedures, arthrodesis tarsal and ankle joints, arthroplasty, with or without implants, tarsal and ankle joints, e.g. subtalar joint arthrodesis, major tendon surgery of the foot and ankle such as tendon repositioning, recessions, suspension, open and closed reduction fractures of the ankle, osteotomy, multiple, tarsal bones (e.g. tarsal wedge osteotomies), osteotomy, tibia, fibula, and surgical treatment of osteomyelitis of ankle.

Maintenance Criteria for Continued Privileges (Type IV):

It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to perform a minimum of ten (10) representative samples of Type IV podiatric procedures over a two (2) year period to be eligible to reapply for Type IV privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold Type I 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.

**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.

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

\_\_\_\_\_  
Date

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

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**CASE LOG**

Name: \_\_\_\_\_

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

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAHP-POD-1)
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