

**ATRIUM HEALTH  
HEMATOLOGY/MEDICAL ONCOLOGY  
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS  
DELINEATION OF PRIVILEGES**

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.**

- **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.
  
- **Maintenance Criteria for Continued Privileges (CONC-1):**  
The Physician must perform a minimum of ten (10) representative samples of Adult Oncology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Oncology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Oncology 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.

- **Maintenance Criteria for Continued Privileges (CAHO-1 and CAHO-2):**

The Physician must perform a minimum of two (2) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology and Medical Oncology Apheresis Privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold any Adult Hematology and Medical Oncology Apheresis 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.

- **Maintenance Criteria for Continued Privileges (CABMT-1(a) and CABMT-1(b)):**

The Physician must perform a minimum of one (1) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Special Adult Blood and Marrow Transplantation Privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Special Adult Blood and Marrow Transplantation 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.

- **Maintenance Criteria for Continued Privileges (CHEM/ONC-1):**

The Physician must perform a minimum of ten (10) pediatric hematology/oncology inpatient, outpatient, or consultative services over the past two (2) years based on results of ongoing professional practice evaluation and outcomes to reapply for Pediatric Hematology/Oncology Core privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold any special 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.

- **Maintenance Criteria for Continued Privileges (CBMT-1):**

The Physician must manage ten (10) blood and marrow transplant patients over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Bone Marrow Transplantation privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Pediatric Blood and Marrow Transplantation 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.

- **Maintenance Criteria for Continued Privileges (CBMT-1(a) and CBMT-1(b)):**

The Physician must perform a minimum of one (1) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Special Pediatric Blood and Marrow Transplantation Privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Special Pediatric Blood and Marrow Transplantation 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 OR ADDITIONAL PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.**

**ATRIUM HEALTH  
HEMATOLOGY/MEDICAL ONCOLOGY  
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS  
DELINEATION OF PRIVILEGES**

\_\_\_\_\_  
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.
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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.**

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

To be eligible for core privileges in Adult Hematology and/or Medical Oncology (CHEM-1 and CONC-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Hematology and/or Medical Oncology 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 AOA accredited Hematology and/or Medical Oncology 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**
  
- If the applicant is currently subspecialty certified in Hematology and/or Medical Oncology by the American Board of Medical Specialties (ABMS) or Hematology/Oncology by the American Osteopathic Association (AOA), the applicant must:
  1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least fifty (50) hematology and/or at least fifty (50) medical oncology 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 fifty (50) patients during the past two (2) years.
  
- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Adult Hematology and/or Medical Oncology privileges by meeting the following qualifications:
  1. Demonstrate sufficient experience in Hematology/Medical Oncology skills to safely undertake the full spectrum of Adult Hematology/Medical Oncology procedures. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have 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.



To be eligible for core privileges in Pediatric Hematology-Oncology (CHEM/ONC-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Pediatric Hematology-Oncology by the American Board of Pediatrics (ABP), the applicant must:
  1. Provide documentation of successful completion of an ACGME accredited Pediatric Hematology-Oncology Fellowship Training Program in 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**
- If the applicant is currently subspecialty certified in Pediatric Hematology-Oncology by the American Board of Pediatrics (ABP), the applicant must:
  1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty (20) pediatric hematology/oncology 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 (20) patients during the past two (2) years.

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Adult Hematology/Medical Oncology or Pediatric Hematology/Oncology at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: If "general" Adult or Pediatric Privileges are required, please contact the Medical Staff Office.

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.

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

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>ADULT HEMATOLOGY CORE PRIVILEGES</b>
			N/A					N/A		N/A	CHEM-1	Privileges to evaluate, diagnose, treat, and provide consultation to adolescent and adult patients except where specifically excluded from practice with diseases and disorders of the blood, spleen, lymph glands, and immunologic system such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Adult Hematology Core Privileges include bone marrow aspirations and biopsy, diagnostic lumbar puncture, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes, management and care of indwelling venous access catheters, therapeutic phlebotomy, therapeutic thoracentesis and paracentesis.

**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.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>CORE PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	CHEM/ONC-2	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.

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

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>ADULT MEDICAL ONCOLOGY CORE PRIVILEGES</b>
			N/A					N/A		N/A	CONC-1	Privileges to evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, except where specifically excluded from practice, with all types of cancer and other benign and malignant tumors. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.
<p>Adult Medical Oncology Core Privileges include, but are not limited to, bone marrow biopsy and interpretation, diagnostic lumbar puncture, administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes, management and maintenance of indwelling venous access catheters, therapeutic thoracentesis and paracentesis.</p> <p style="text-align: center;"><b>Maintenance Criteria for Continued Privileges (CONC-1):</b></p> <p>The Physician must perform a minimum of ten (10) representative samples of Adult Oncology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Oncology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Oncology 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.</p>												



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

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM	<b>ADULT HEMATOLOGY AND MEDICAL ONCOLOGY APHERESIS PRIVILEGES</b> Must apply for and maintain Adult Hematology Core Privileges (CHEM-1) or Adult Medical Oncology Core Privileges (CONC-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location	
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHO-1	Therapeutic Plasma Exchange (TPE) and Red Blood Cell Exchange (RBCX)	5 (Must include at least 1 TPE and 1 RECX)		
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHO-2	Mononuclear Cell (MNC) Apheresis/Stem Cell Collection and Leukapheresis/White Blood Cell (WBC) Depletion/ Extracorporeal Photopheresis (ECP)	5		

**Maintenance Criteria for Continued Privileges (CAHO-1 and CAHO-2):**

The Physician must perform a minimum of two (2) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology and Medical Oncology Apheresis Privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold any Adult Hematology and Medical Oncology Apheresis 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.

**QUALIFICATIONS FOR CAHO-1 and CAHO-2:**

The applicant must meet the following:

1. Provide documentation of the successful completion of a fellowship program in Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
1. Provide a minimum number of five (5) satisfactorily performed cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for five (5) procedures.

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

**ADULT BLOOD AND MARROW TRANSPLANTATION**

1. To be eligible for core privileges in Adult Blood and Marrow Transplantation, the applicant must apply for and meet the qualifications of Adult Hematology Core Privileges (CHEM-1) or Adult Medical Oncology Core Privileges (CONC-1); **AND**
2. Provide verification from the Fellowship Program Director that the Applicant successfully completed the program to include the management of Blood and Marrow transplant patients in both inpatient and outpatient settings. 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; **AND**
3. Demonstrate that he/she has provided inpatient or consultative services for at least ten (10) blood and marrow transplant (BMT) patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
3. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least ten (10) BMT patients during the past two (2) years.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>ADULT BLOOD AND MARROW TRANSPLANTATION CORE PRIVILEGES</b> Must apply for and maintain Adult Hematology Core Privileges (CHEM-1) or Adult Medical Oncology Core Privileges (CONC-1)
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CABMT-1	Privileges to evaluate, diagnose, consult and provide treatment to patients of all ages undergoing autologous and allogeneic hematopoietic progenitor cell (HPC) / bone marrow (BM) transplantation. This includes the pre-transplant evaluation, care during the immediate transplant hospitalization, and post-transplant care.
Adult Blood and Marrow Transplantation Core Privileges include, but are not limited to, prescription of high-dose chemotherapy agents and biological response modifiers through all therapeutic routes; performance of history and physical exam; prescription of hematopoietic growth factors, diagnosis and management of graft failure; and diagnosis and management of graft-versus-host disease.												

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

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM		<b>Special Adult Blood and Marrow Transplantation Privileges</b> Must apply for and maintain Adult Blood and Marrow Transplantation Core Privileges (CABMT-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CABMT-1(a)*	Adult Bone Marrow Harvest**	3		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CABMT-1(b)*	Adult Stem Cell Product Infusion	3		

**\*\* At least one physician performing the procedure must be credentialed for bone marrow harvest. This physician may be assisted by another Physician, Physician Assistant, or Nurse Practitioner who is credentialed to perform bone marrow aspirates.**

**Maintenance Criteria for Continued Privileges (CABMT-1(a) and CABMT-1(b)):**

The Physician must perform a minimum of one (1) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Special Adult Blood and Marrow Transplantation Privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Special Adult Blood and Marrow Transplantation 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.

**QUALIFICATIONS FOR CABMT-1(a) and CABMT-1(b):**

The applicant must meet the following:

1. Provide documentation of the successful completion of a fellowship program in Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
1. Provide a minimum number of three (3) satisfactorily performed cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for three (3) procedures.

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

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>PEDIATRIC HEMATOLOGY/ONCOLOGY CORE PRIVILEGES</b>
	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	CHEM/ONC-1	Privileges to evaluate, diagnose, consult, and provide treatment to patients from birth to the 21 <sup>st</sup> birthday with hematologic and oncologic diseases and disorders of the blood and immune system to include patients with congenital or acquired diseases which persist into adulthood may receive treatment beyond their 21 <sup>st</sup> birthday.

Pediatric Hematology/Oncology Core Privileges include, but are not limited to, prescription of chemotherapeutic agents and biological response modifiers through all therapeutic routes; assessment of tumor imaging by computerized tomography, magnetic resonance, PET scanning and nuclear imaging techniques; interpretation of complete blood count, including platelets and white blood cell differential and blood smears; performance of history and physical exam; lumbar puncture; bone marrow aspiration/biopsy.

Pediatricians treat patients from birth to the 21<sup>st</sup> birthday, and selected pediatricians may also treat patients beyond age 21 with congenital or acquired diseases which persist into adulthood, provided the pediatrician has requisite training and recent experience as defined by the Chief of Pediatrics and approved by the CHS and facility credentials committees. Facility personnel and support requirements may limit the treatment of patients of certain ages and/or conditions.

**Maintenance Criteria for Continued Privileges (CHEM/ONC-1):**

The Physician must perform a minimum of ten (10) pediatric hematology/oncology inpatient, outpatient, or consultative services over the past two (2) years based on results of ongoing professional practice evaluation and outcomes to reapply for Pediatric Hematology/Oncology Core privileges. This will be reviewed at the time of the physician's reappointment. Physicians who would like to continue to hold any special 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 \_\_\_\_\_

**PEDIATRIC BLOOD AND MARROW TRANSPLANTATION**

1. Verification from the Fellowship Program Director that the Applicant successfully completed the program to include the management of Pediatric Blood and Marrow transplant patients in both inpatient and outpatient settings. 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; **AND**
2. Demonstrate that he/she has provided inpatient or consultative services for at least ten (10) blood and marrow transplant (BMT) 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 ten (10) BMT patients during the past two (2) years.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>PEDIATRIC BLOOD AND MARROW TRANSPLANTATION CORE PRIVILEGES</b> Must apply for and maintain Pediatric Hematology/Oncology Core Privileges (CHEM/ONC-1)
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CBMT-1	Privileges to evaluate, diagnose, consult and provide treatment to patients from birth to the 21 <sup>st</sup> birthday undergoing autologous and allogeneic hematopoietic progenitor cell (HPC) / bone marrow (BM) transplantation to include patients with congenital or acquired diseases which persist into adulthood may receive treatment beyond their 21 <sup>st</sup> birthday. This includes the pre-transplant evaluation, care during the immediate transplant hospitalization, and post-transplant care.

Pediatric Blood and Marrow Transplantation Core Privileges include, but are not limited to, prescription of high-dose chemotherapy agents and biological response modifiers through all therapeutic routes; performance of history and physical exam; prescription of hematopoietic growth factors, diagnosis and management of graft failure; and diagnosis and management of graft-versus-host disease.

**Maintenance Criteria for Continued Privileges (CBMT-1):**

The Physician must manage ten (10) blood and marrow transplant patients over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Bone Marrow Transplantation privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Pediatric Blood and Marrow Transplantation 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.

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

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM		<b>Special Pediatric Blood and Marrow Transplantation Privileges</b> Must apply for and maintain Pediatric Blood and Marrow Transplantation Core Privileges (CBMT-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CBMT-1(a)*	Bone Marrow Harvest**	3		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CBMT-1(b)*	Stem Cell Product Infusion	3		

**\*\* At least one physician performing the procedure must be credentialed for bone marrow harvest. This physician may be assisted by another Physician, Physician Assistant, or Nurse Practitioner who is credentialed to perform bone marrow aspirates.**

**Maintenance Criteria for Continued Privileges (CBMT-1(a) and CBMT-1(b)):**

The Physician must perform a minimum of one (1) of each procedure over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Special Pediatric Blood and Marrow Transplantation Privileges. This will be reviewed at the time of the physician's reappointment. It is noted that patients may be co-managed. Physicians who would like to continue to hold any Special Pediatric Blood and Marrow Transplantation 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.

**QUALIFICATIONS FOR CBMT-1(a) and CBMT-2(b):**

The applicant must meet the following:

1. Provide documentation of the successful completion of a fellowship program in Pediatric Hematology/Medical Oncology within the past two (2) years and have written documentation from the Program Director demonstrating competency in requested procedure(s); **OR**
1. Provide a minimum number of three (3) satisfactorily performed cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure(s). You must provide documentation of proctoring for three (3) procedures.

**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