

**REAPPOINTMENT  
DELINEATION OF PRIVILEGES  
SPECIALTY OF PATHOLOGY**

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.**

**CPTH-1 - ANATOMIC PATHOLOGY CORE PRIVILEGES**

Maintenance Criteria for Continued Privileges (CPTH-1):

The Physician must submit a minimum of twenty-five (25) cases of Anatomic Pathology Core over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.

• **CPTH-1(a) - FINE NEEDLE ASPIRATION AND/OR BIOPSY (SUPERFICIAL, NOT REQUIRING RADIOLOGICAL GUIDANCE)**  
**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES: -**

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.

- **CPTH-1(b) BONE MARROW BIOPSY AND ASPIRATION  
MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.

# **STOP:**

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

## ATRIUM HEALTH SPECIALTY OF PATHOLOGY DELINEATION OF PRIVILEGES

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

	<b>YES</b>		<b>NO*</b>	I have participated in pathology in a 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.**

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

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

- If the applicant is not currently certified in Pathology by the America Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
  1. Provide documentation of successful completion of an ACGME or AOA accredited Pathology residency training program in clinical and anatomic pathology, within the past five (5) years; **AND**
  2. Verification from the residency program director that the Applicant successfully completed the program. 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 certified in Pathology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of certification by the American Board of Pathology or the American Osteopathic Board of Pathology; **AND**
  2. Demonstration of pathology services, reflective of the scope of privileges requested for the past two (2) years;
  
- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Pathology privileges by meeting the following qualifications:
  1. Demonstration of pathology services, reflective of the scope of privileges requested for the past two (2) years.

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

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the Specialty of Pathology at any facility within Atrium Health.

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

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.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		<b>ANATOMIC PATHOLOGY CORE PRIVILEGES</b>
			N/A								CPTH-1	Diagnosis, ordering, monitoring, consultation and laboratory medical direction in the following disciplines: surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology, molecular pathology, and associated ancillary studies.

Maintenance Criteria for Continued Privileges (CPTH-1):

The Physician must submit a minimum of twenty-five (25) cases of Anatomic Pathology Core over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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 \_\_\_\_\_

**\* 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>ANATOMIC PATHOLOGY SPECIAL PROCEDURES</b> Must apply for and maintain Anatomic Pathology Core Privileges (CPTH-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A								CPTH-1(a)	Fine Needle Aspiration and/or Biopsy (superficial, not requiring radiological guidance)	10	
			N/A								CPTH-1(b)	Bone Marrow Biopsy and Aspiration	10	

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain	<b>CORE PATHOLOGY 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	CPTH-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	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain	<b>CLINICAL PATHOLOGY CORE PRIVILEGES</b>
			N/A								CPTH-2 Diagnosis, ordering, monitoring, consultation and laboratory medical direction in the following clinical pathology disciplines: hematology and coagulation, transfusion medicine/blood bank and immunohematology, microbiology, serology, molecular pathology, clinical chemistry (including the subdivisions of automated chemistry, special chemistry, endocrinology, radioimmunoassay, toxicology and electrophoresis), clinical microscopy, and other routine clinical pathology functions.

**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  
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Approved by the CHS Medical Executive Committee: 08/17/2017  
Approved by the Board of Commissioners: 09/12/2017

**CPTH-1(a) FINE NEEDLE ASPIRATION AND/OR BIOPSY (SUPERFICIAL, NOT REQUIRING RADIOLOGICAL GUIDANCE)**

**SKILLS AND TRAINING NEEDED:**

1. Provide documentation of the successful completion of a Pathology residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Fine Needle Aspiration and/or Biopsy (Superficial, Not Requiring Radiological Guidance); **OR**
1. Provide a minimum number of ten (10) 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 Fine Needle Aspiration and/or Biopsy (Superficial, Not Requiring Radiological Guidance). You must provide documentation of proctoring for ten (10) procedures.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.

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**CPTH-1(b) BONE MARROW BIOPSY AND ASPIRATION**

**SKILLS AND TRAINING NEEDED:**

1. Provide documentation of the successful completion of a Pathology residency program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Bone Marrow Biopsy and Aspiration; **OR**
1. Provide a minimum number of ten (10) 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 Bone Marrow Biopsy and Aspiration. You must provide documentation of proctoring for ten (10) procedures.

**MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:**

The Physician must submit a minimum of five (5) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of 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.

**CASE LOG**

Physician's Name: \_\_\_\_\_

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

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPTH-1(a))
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			<b>TOTAL</b>	