



**THERAPEUTIC APHERESIS
Internal Medicine Clinical Service**

**Kettering Medical Center
Kettering Memorial Hospital/Sycamore Hospital**

Clinical Privileges Profile

1. Must be a staff member of Kettering Medical Center.
2. Physician must be able to provide an alternate physician for coverage for this procedure.
3. Physician must meet one of the following requirements:
 - a. Training in all aspects of apheresis during the fellowship or residency and a letter from the department head stating physician's qualifications and competency in this regard.
 - b. Physician must have attended an accredited course of training which provides training about the basic and technical aspects of the procedure.
 - c. The physician documents the experience in training and the way of being proctored for five (5) procedures with supervision by a physician who already has the privileges.

Approved - Internal Medicine Clinical Service - 1/18/94
Medical Staff Executive Committee - 3/15/94

(over)



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INSTRUCTIONS: Place a \checkmark in Column 1 corresponding to the clinical privileges requested.

Name _____ of _____ Applicant:

Name _____ of _____ Employing _____ Physician:

<u>Procedure/Disease Classification</u>	<u>Requested</u>	<u>Recommended</u>
Therapeutic Apheresis, including:		
Plasma Exchange	_____	_____
Red Cell Exchange	_____	_____
Leukopheresis	_____	_____
Plateletapheresis	_____	_____
Immunoadsorption	_____	_____
Other:		
_____	_____	_____
_____	_____	_____

Signature of Practitioner _____ Date _____

Signature of Clinical Service Chief _____ Date _____