



INFECTIOUS DISEASES

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

Clinical Privileges Profile

REQUIREMENTS: Successful completion of residency training in Internal Medicine with board eligibility and completion of a two year fellowship training in infectious diseases with board eligibility.

In requesting privileges in infectious diseases, I ask to provide medical care for patients with infectious diseases that may involve any or all organ systems.

Please select the special procedures desired. Approval of privileges is based upon education, clinical training and demonstrated skills.

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	Skin/patch test for delayed hypersensitivity	_____
_____	Penicillin desensitization	_____
_____	Other (please specify) _____	_____
_____	_____	_____

I agree with the delineation of privileges and will, under ordinary circumstances, practice under the conditions outlined. In case of emergency it may be necessary to render care outside of these parameters. I agree that when new techniques and skills are mastered, I shall request modification of my privileges.

Signature of Practitioner

Date

Signature of Clinical Service Chief

Date

July 1989