



**MEDICINE**

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

**Clinical Privileges Profile**

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I am applying for membership in the following category (check one):

- Affiliate (must meet eligibility criteria)
- Courtesy (must meet eligibility criteria)
- Active (must meet eligibility criteria)

**ELIGIBILITY CRITERIA FOR ACTIVE OR COURTESY:**

Health care practitioner must:

- 1) be within 6 years of successful completion of a minimum of three years of post-graduate training in Internal Medicine and be eligible for Board Certification in Internal Medicine; or
- 2) have achieved Board Certification in Internal Medicine

**ELIGIBILITY CRITERIA FOR ASSOCIATE:**

Associate: See qualifications and prerogatives under Associate Medical Staff in Bylaws. If currently in a residency program, the applicant a) must be PGY II or greater in an accredited Internal Medicine residency program, and b) must receive recommendations by the program director, KMC’s Director Medical Education and the Medical Director at the site of practice. A copy of the delineation of privileges will be sent to each of the above for review.

**RESIDENTIAL REQUIREMENT:**

If called, all members of the Medicine Clinical Service must be able to respond within 30 minutes or have an alternate who can respond within 30 minutes time. If on call, the same response time (30 minutes) is in effect.

Approval of initial privileges is based upon education, clinical training, demonstrated skills, and selected recommendations from Residency Program Directors, Directors of Medical Education, supervisors, and clinical peers. Approval of privileges for recertification is based on demonstrable evidence of current competency. Qualifications must be verified and recommended by the Clinical Service Chief. Physicians must request an extension or reduction of clinical privileges listed below at any time by submitting the designed “Application for Extension/Reduction of Privileges” to the clinical service chief who will review and refer to the Credentials Committee.

**Requested**

**TYPE OF PRIVILEGES**

**Recommended**

_____	Ambulatory privileges: Provide diagnosis and treatment for services for common ambulatory disorders, including minor office procedures, such as repairing simple lacerations, treating warts, simple incision and drainage, cerumen disimpaction, skin biopsy, and small skin lesion removal.	_____
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_____	Core privileges (available only for active and courtesy applicants): Provide diagnosis and management of hepatic, gastrointestinal, renal, pulmonary cardiovascular, metabolic and endocrine, rheumatologic, hematological, neurological, allergic, peripheral vascular, and psychiatric(not requiring psychiatric supervision) disorders, management of infectious diseases, and care of non-operative malignancy including chemotherapy.	_____
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<u>Requested</u>	<u>PROCEDURES</u>	<u>Recommended</u>
_____	Sigmoidoscopy:	_____
_____	Flexible (60 cm)	_____
_____	Rigid	_____
_____	Thoracentesis	_____
_____	Paracentesis	_____
_____	Arthrocentesis and joint injection	_____
_____	Lumbar puncture	_____
_____	Bone marrow aspiration & biopsy	_____
_____	Electrical conversion cardiac arrhythmia	_____
_____	Central venous catheter placement	_____
_____	Swan Ganz catheter placement	_____
_____	Arterial line placement	_____
_____	Endotracheal intubation:	_____
_____	Nasotracheal	_____
_____	Orotracheal	_____
_____	Procedural Sedation	_____
_____	Other (please specify)	_____
_____	_____	_____

I agree to practice within the scope of privileges approved. In case of emergency it may be necessary to render care outside of these parameters. I agree to promptly request modification of my privileges if approved privileges become no longer within my competence.

\_\_\_\_\_  
 Signature of Practitioner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Clinical Service Chief    Patrick Mezu, MD

\_\_\_\_\_  
 Date