Privileges in Medical Genetics

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core *Privileges***.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications	
Initial Core Criteria Education/Training	Successful completion of an ACGME or AOA accredited Residency/Fellowship training program in Medical Genetics or foreign equivalent training **AND** Current certification or active participation in the examination process leading to certification in clinical genetics by the American Board of Medical Genetics or foreign equivalent training/board.
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Dept Chair Rec ☐
☐	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients (children, adults, and families) presenting with human genetic disorders or congenital anomalies, or requiring genetic counseling	☐
☐	Skin biopsy	☐

Qualifications

Renewal Criteria Minimum of 10 cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

FPPE

☐ Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Dept Chair Rec ☐
☐	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	☐

Acknowledgment of Applicant

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 Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date

Submit