

Privileges in Rheumatology

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**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
Initial Core Criteria Education/Training	Successful completion of an ACGME or AOA accredited Residency training program in Pediatrics or Internal Medicine or foreign equivalent training <p style="text-align: center;">AND</p> Successful completion of an approved Fellowship program in Pediatric Rheumatology or Internal Medicine Rheumatology or foreign equivalent training <p style="text-align: center;">AND</p> Current certification or active participation in the examination process leading to certification in Pediatric Rheumatology by the American Board of Pediatrics or by the American Board of Internal Medicine or in Rheumatology by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board Sub-boards in pediatric rheumatology or have a substantial proportion of practice in pediatric rheumatology or foreign equivalent training <p style="text-align: center;">AND</p> Documentation or attestation of the management of problems for at least 50 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years
FPPE Chart Reviews	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide treatment to patients presenting with rheumatic diseases	
	Diagnostic aspiration of synovial fluid from diarthrodial joints bursae and tenosynovial structures	
	Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses	
	Joint aspiration	
	Joint injections	

Qualifications

Renewal Criteria Minimum 80 Core cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

FPPE

Evaluation and Management

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

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

FPPE

Joint injections and/or arthrocentesis

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 _____