SHC Consulting Staff
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign form electronically and submit with any required documentation.

<div style="background:black; color:white; text-align:center">Required Qualifications</div>

Request	Request all privileges listed below. *Uncheck any privileges that you do not want to request.*	Chief Rec	Dept Chair Rec
	SHC Staff Practitioner. Please see Stanford privileges. Practitioner may use any granted Stanford privilege on any admitted adult patient at LPCH at the request of the LPCH patient's LPCH attending physician		

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.

_____   _____
Practitioner's Signature   Date

Department Chair Recommendation - Privileges

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

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - FPPE Requirements

_____   _____
Signature of Chief/Designee   Date

_____   _____
Signature of Department Chair/Designee   Date