

## Privileges in General Pediatrics

**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	
<b>Initial Core Criteria Education/Training</b>	<p>Successful completion of an ACGME or AOA accredited Residency in Pediatrics, Family Medicine or foreign equivalent training</p> <p><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in pediatrics or family practice by the American Board of Pediatrics or Family Medicine or the American Osteopathic Board of Pediatrics or Family Medicine or foreign equivalent training/board.</p> <p><b>AND</b></p> <p>Documentation or attestation of the management of problems for at least 100 inpatients or outpatients as the attending physician (or senior resident) during the past 2 years</p>
<b>FPPE</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

## Additional Information

Request	<p><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	<b>If you will be working in the After Hours Clinic check box below</b>	
	Working in the After Hours Clinic	

## Core Privileges

Request	<p><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	<b>CORE Privileges</b>	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to pediatric patients primarily from newborn to 18 years of age	
	Treatment of major or complicated illness	
	Blood drawing	
	IV placement	
	Lumbar puncture	
	Foreign body removal	
	Suturing laceration	
	IM injections	
	Skin abscess incision and drainage	
	Care of simple fractures or dislocations	
	Frenotomy	
	Care of well newborns in Well Baby Nursery	

## Qualifications

**Renewal Criteria** Minimum of 24 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

Core

## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b><i>Request all privileges listed below.</i></b> <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]	
	Circumcision [Initial Criteria - Documentation of at least 5 circumcisions as the attending physician (or senior resident) during the past 2 years. If privilege was resigned in last two years, 2 direct observation cases required. Renewal Criteria - Minimum 5 cases or 2 direct observation cases required in the past two years.]	

### FPPE

Circumcision

## 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