

Privileges in Allergy/Immunology

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

Education/Training	<p>Successful completion of an ACGME or AOA accredited Residency in Pediatrics or Medicine and completion of a fellowship in Allergy/Immunology or foreign equivalent training.</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process leading to certification in Pediatrics by the American Board of Pediatrics or Internal Medicine by the American Board of Internal Medicine or foreign equivalent training/board</p>
FPPE	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

CORE Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	CORE Privileges	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment and non-surgical therapies to patients presenting with allergic conditions, asthma, or immunodeficiency	
	This includes, but is not limited to, the evaluation and treatment of patients with:	
	Wheezing	
	Allergic skin disorders, including atopic dermatitis	
	Drug allergies	
	Immunodeficiency states, recurrent or severe infections	
	Sinusitis	
	Allergic rhinitis	
	Food allergies	
	Angioneurotic edema	
	Oral food challenge	
	Administration of IVIG	
	Administration of other biologics (i.e., omalizumab)	
	Rhinoscopy	
	Skin testing and desensitization	

Qualifications

Renewal Criteria Management of at least 24 Core Allergy / Immunology inpatients or outpatients 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. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief 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 _____ Date
privilege request

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