



APP Pathology

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.

Required Qualifications

**Initial Core Criteria
Education/Training**

Ph.D. degree

AND

Must meet training program(s) and board certification criteria in each selected specialty area

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Core Privileges

Description: Must also meet initial criteria for selected Primary Specialty Areas

Qualifications

Renewal Criteria Minimum of 22 cases required during the past two years

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Clinical Pathology, including provision of consultation to physicians for diagnosis, exclusion, and monitoring of disease	

PRIMARY SPECIALTY AREAS

Description: Must also meet Initial Core Criteria Education/Training criteria

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
	<p>Hematopathology/Laboratory Hematology [Initial Criteria - 1) Successful completion of a training program in Hematopathology/Laboratory Hematology accredited by the ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification by the American Board of Pathology and Hematology by the American Board of Pathology, another ABMS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Hematopathology services during the last two years]</p>	
	<p>Biochemical Genetics [Initial Criteria - 1) Successful completion of a training program in Clinical Biochemical Genetics accredited by the American Board of Medical Genetics, ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification in Clinical Biochemical Genetics by the American Board of Medical Genetics, another ABMS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Biochemical Genetics services during the last two years]</p>	
	<p>Clinical Chemistry/Immunology [Initial Criteria - 1) Successful completion of a training program in Clinical Chemistry accredited by the ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification by the American Board of Pathology, another ABMS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Clinical chemistry services during the last two years]</p>	
	<p>Microbiology/Virology [Initial Criteria - 1) Successful completion of a training program in Medical Microbiology and Laboratory Medicine accredited by the American Board of Medical Microbiology, ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification by the American Board of Medical Microbiology, another ABMS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Microbiology and/or Virology services during the last two years.]</p>	
	<p>Molecular Pathology [Initial Criteria - 1) Successful completion of a training program in Molecular Pathology accredited by the ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification in Molecular Genetic Pathology by the American Board of Pathology, another ABMS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Molecular pathology services during the last two years.]</p>	
	<p>Transfusion Medicine [Initial Criteria - 1) Successful completion of a training program in Transfusion Medicine accredited by the ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification in Transfusion Medicine by the American Board of Pathology, another AMBS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Transfusion medicine services during the last two years.]</p>	
	<p>Cytogenetics [Initial Criteria - 1) Successful completion of a training program in Cytogenetics or Medical Genetics accredited by the American Board of Medical Genetics, ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification in Cytogenetics or Medical Genetics by the American Board of Medical Genetics, American Board of Pathology, another ABMS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Cytogenetics services during the last two years.]</p>	

	Histocompatibility [Initial Criteria - 1) Successful completion of a training program in Histocompatibility and Immunogenetics accredited by the American Board of Histocompatibility and Immunogenetics, ACGME or foreign equivalent training. OR Current certification or active participation in the examination process leading to certification in Histocompatibility and Immunogenetics by the American Board of Histocompatibility and Immunogenetics, another ABMS member board, or foreign equivalent training/board. 2) Attestation of provision of 22 Histocompatibility and immunogenetics services during the last two years.]	
--	---	--

FPPE

- Hematopathology/Laboratory Hematology - (Pediatric specimen review)
- Biochemical Genetics - (Chart/specimen review)
- Clinical Chemistry/Immunology - (Chart/specimen review)
- Microbiology/Virology - (Chart/specimen review)
- Molecular Pathology - (Chart/specimen review)
- Transfusion Medicine - (Chart/specimen review)
- Cytogenetics - (Chart/specimen review)
- Histocompatibility - Chart/specimen review)

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

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

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

Date