

Privileges in Endocrinology and Diabetes

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 in Pediatrics or foreign equivalent training

AND

Current certification or active participation in the examination process leading to certification in Sub-board certification in Pediatric Endocrinology or foreign equivalent training/board

FPPE

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

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	CORE Privileges	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with illness, injuries, and disorders of the endocrine or metabolic systems	
	Management of diabetic ketoacidosis	
	ACTH stimulation tests	
	Growth hormone stimulation tests	
	LRH stimulation tests	

Qualifications

Renewal Criteria Minimum of 11 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 - (Outpatient growth evaluations)
- Core - (Outpatient diabetes evaluations)

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]	

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