



INTERNAL MEDICINE ALLERGY AND IMMUNOLOGY CLINICAL PRIVILEGES

Name: _____

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Service Chief / Department Chair: Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ALLERGY AND IMMUNOLOGY

Initial Applicants - To be eligible to apply for privileges in allergy/immunology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine or pediatrics or Combined Internal Medicine & Pediatrics followed by an accredited residency in allergy and immunology

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in allergy and immunology by the American Board of Allergy and Immunology or subspecialty certification of special qualifications (CSQ) in allergy and immunology by the American Osteopathic Board of Internal Medicine or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and experience with the provision of allergy/immunology services, reflective of the scope of privileges requested, to twenty-five (25) patients with allergy or immunology related illness during the past 12 months, or successful completion of an ACGME- or AOA- accredited residency or clinical fellowship within the past 12 months.



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CORE PRIVILEGES – ALLERGY AND IMMUNOLOGY

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Evaluate diagnose, consult, manage, and provide therapy and treatment for patients of all ages, presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, eczema / atopic dermatitis, contact dermatitis, sinusitis, rhinitis, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and allergy/immunology problems related to autoimmune disease. May provide consult to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least fifteen (15) patient visits in the first six months that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privileges) Requirements: To be eligible to renew privileges in allergy/immunology, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least fifty (50) patients with allergy or immunology related illnesses, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant

RHINOLARYNGOSCOPY

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Criteria: Successful completion of an accredited ACGME or AOA residency that included training rhinolaryngoscopy or completion of a hands-on CME for instruction in this skill.



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Required Current Experience: Demonstrated current competence and experience with the performance of at least five (5) procedures in the past 12 months or successful completion of training in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP): All new applicants will be evaluated and proctored for their first three (3) procedures.

Renewal of Privilege: Demonstrated current competence and experience with the performance of at least ten (10) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

SKIN BIOPSY

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Criteria: Successful completion of an accredited ACGME or AOA PGT that included training in skin biopsy or successful completion of a hands-on CME for instruction in this skill.

Required Current Experience: Demonstrated current competence and experience with the performance of at least five (5) procedures in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP): All new applicants will be evaluated and proctored for their first three (3) cases.

Renewal of Privilege: Demonstrated current competence and experience with the performance of at least ten (10) procedures in the past 24 months.



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SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ FLUOROSCOPY
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ CHEMOTHERAPY (FOR NON-ONCOLOGIST)
- ▶ SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)
- ▶ BATTLEFIELD AURICULAR ACUPUNCTURE

PLEASE go to URL: www.med.umich.edu/i/oca/mss/pdocs for instructions, or contact your Clinical Department Representative.



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CORE PROCEDURE LIST

This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.
To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

1. Perform history and physical exam
2. Allergen immunotherapy
3. Allergy testing including blood (ImmunoCAP) testing; prick testing
4. Delayed hypersensitivity skin testing
5. Drug desensitization and challenge
6. Drug testing
7. Exercise challenge testing
8. Immediate hypersensitivity skin testing
9. Intravenous immunoglobulin (IVIG) treatment in Subcutaneous treatment and administration
10. Oral challenge testing; medication / food
11. Patch testing
12. Perform and interpret pulmonary function tests
13. Physical urticaria testing
14. Rapid desensitization



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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

- a. 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.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner Printed Name _____

Signed _____ **Date** _____

SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

Recommend all requested privileges.
Recommend privileges with the following conditions/modifications:
Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes

Service Chief Printed Name _____

Service Chief Signature _____ **Date** _____

Department Chair Printed Name _____

Department Chair Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action _____ **Date** _____

Executive Committee on Clinical Affairs Action _____ **Date** _____

Governing Board Action _____ **Date** _____