



**DERMATOLOGY 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.

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**QUALIFICATIONS FOR DERMATOLOGY**

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**Initial Applicants** - To be eligible to apply for privileges in dermatology, 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 dermatology.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology or international equivalent or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of inpatient, outpatient or consultative care, reflective of the scope of privileges requested, to at least 100 patients during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



**DERMATOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**CORE PRIVILEGES – DERMATOLOGY**

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**Applicant: Requested Initial**  **Requested Renewal**

**Service Chief/Chair: Recommended**  **Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with benign and malignant disorders of the skin, mouth, external genitalia, hair, and nails, as well as sexually transmitted diseases. This includes the diagnosis and treatment of skin cancers and other neoplasms of the skin, of inflammatory and immune-mediated disorders of the skin infectious skin disorders, cosmetic disorders of the skin and the skin changes associated with aging, and recognition of skin manifestations of systemic diseases. 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 NEW HIRE/NEW PRIVILEGE) guidelines:*** New physicians will be monitored for at least five (5) cases that are a representative mix of core dermatology privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privilege) Requirements*** - To be eligible to renew privileges in dermatology, the re-applicant must meet the following criteria:

Board eligible or board certified

AND

Current demonstrated competence and provision of care to (200 inpatient/outpatient/consultative) patients with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**DERMATOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**QUALIFICATIONS FOR MICROGRAPHIC SURGERY AND DERMATOLOGIC ONCOLOGY**

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**Initial Applicants** - To be eligible to apply for privileges in micrographic surgery and dermatologic oncology, 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 dermatology followed by successful completion of an ACGME accredited fellowship in micrographic surgery and dermatologic oncology or procedural dermatology or American College of Mohs surgery (ACMS) approved program.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of 100 micrographic surgery or dermatologic oncology procedures, reflective of the privileges requested, for 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 – MICROGRAPHIC SURGERY AND DERMATOLOGIC ONCOLOGY**

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**Applicant: Requested Initial**  **Requested Renewal**

**Service Chief/Chair: Recommended**  **Not Recommended**

Evaluate, diagnose, provide consultation, and surgically treat diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue to patients of all ages. 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 NEW HIRE/NEW PRIVILEGE) guidelines:** New physicians will be monitored for an initial five (5) procedures that are a representative mix of micrographic surgery and dermatologic oncology privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privilege) Requirements** - To be eligible to renew privileges in micrographic surgery or dermatologic oncology, the re-applicant must meet the following criteria:

Board eligible or board certified

AND



**DERMATOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current demonstrated competence and an adequate volume of experience (200 micrographic surgery or dermatologic oncology procedures) with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**SPECIAL 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.

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**NON-INVASIVE COSMETIC PROCEDURES**

**Applicant: Requested Initial**  **Requested Renewal**

**Service Chief/Chair: Recommended**  **Not Recommended**

***Includes:** Botulinum toxin injection, soft tissue augmentation, and non-laser energy-based modalities*

**Criteria:** Applicant must have completed an ACGME OR AOA-accredited residency in Dermatology that included training in these non-invasive cosmetic procedures or completion of a hands-on CME course.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 15 procedures in the past 12 months or completion of training in the past 12 months. **FPPE**

**NEW HIRE/NEW PRIVILEGE:** All new applicants will be directly observed for a mix of (5) non-invasive cosmetic procedures. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of 15 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**UMHS INSTITUTIONAL PRIVILEGES (SEE SPECIFIC CRITERIA)**

Institutional Privileges are requested individually in addition to requesting the core. Each individual requesting Institutional Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant. FPPE for new hires (NEW HIRE) and new privilege (NEW PRIVILEGE) requests is included with each respective privilege description.



**DERMATOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**USE OF LASER**

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**Applicant: Requested Initial**  **Requested Renewal**

**Service Chief/Chair: Recommended**  **Not Recommended**

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and documented hands-on experience with the laser type for which privileges are requested or completion of an appropriate CME course which includes training in laser principles and hands-on experience with the laser type for which privileges are requested during the course. The applicant must supply documented proof from their program director if the training was during residency/fellowship or a certificate from the CME course documenting that they attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. Practitioner agrees to limit practice to only the specific laser types (e.g. CO2, pulsed dye, diode, holmium, etc.) for which they have provided documentation of training and experience. **Required Current**

**Experience:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months **or** completion of training in the past 12 months. **FPPE NEW HIRE/NEW**

**PRIVILEGE:** All new applicants will be proctored for their first two (2) cases by a provider with experience with the specific laser being used, unless none are available on staff, in which instance the proctor will be a provider with privileges for use of the most reasonably similar laser. **Renewal of Privilege:**

Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



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**CORE PROCEDURE LIST**

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*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.

**Dermatology**

1. Perform history and physical exam
2. Closures of surgical defects using layered repairs / repairs of cutaneous surgical defects using flaps and grafts
3. Cryosurgery
4. Dermabrasion / non-laser-based skin resurfacing
5. Destruction and excision of benign and malignant tumors
6. Electrosurgery
7. Interpretation of the results of diagnostic techniques including dermatology-relevant serologic testing
8. Intralesional injections
9. KOH examination
10. Patch tests
11. Photomedicine, phototherapy
12. Skin and nail biopsy
13. Tzanck smears
14. Topical/systemic pharmacotherapy

**Micrographic Surgery and Dermatologic Oncology**

1. Perform history and physical exam
2. Cutaneous reconstructive surgery, including random pattern and axial flap repair, and partial and full thickness skin grafting
3. Skin neoplasm destruction techniques, excision, and Mohs micrographic surgery



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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.

**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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
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\_\_\_\_\_

**Service Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Committee on Clinical Affairs Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Board Action** \_\_\_\_\_ **Date** \_\_\_\_\_