



**University of Michigan
Hospitals and Health Centers**

UNIVERSITY OF MICHIGAN HEALTH SYSTEMS

**Delineation of Privileges
Department of Obstetrics and Gynecology**

Name: _____

Please Print or Type

LEVEL I CORE PRIVILEGES - OBSTETRICS

Minimum Training and Experience

1. Applicant must have received an M.D. or D.O. degree from an approved school of medicine or osteopathy.
2. Applicants must have completed an approved internship and a residency program, approved by the American Board of Obstetrics and Gynecology or the equivalent board in another country which is recognized by the American Board of Obstetrics and Gynecology.
3. Applicants must be Board certified by the American Board of Obstetrics and Gynecology (or its equivalent) or an active candidate.

Current faculty: Continued experience in the area in which privileges are requested is documented by active participation in the care of Obstetric patients during the previous 24 months. Continued experience includes care of patients in the outpatient and/or inpatient area. Treatment results will be compared to established quality benchmarks and surveillance will be performed regularly by the Departmental Quality Improvement Committee.

Scope of Practice/Privileges

Antepartum Care:

Ambulatory, routine, urgent, and emergency care in the hospital setting, through the Emergency Department or Women's Birth Center triage, hospitalization and inpatient care for obstetric, medical, and/or surgical problems/complications of pregnancy

Labor and Delivery:

Management of normal and abnormal labors, including amniotomy, electronic fetal/maternal monitoring, oxytocin use, scalp blood sampling, parenteral analgesia, and other indicated procedures, induction of labor, including oxytocin use, prostaglandin administration, laminaria insertion, spontaneous vaginal deliveries, including episiotomy, repair of obstetrical lacerations, manual removal of placenta, and other indicated procedures, low complexity operative vaginal delivery (vacuum or forceps)*, external cephalic version, emergency breech vaginal delivery, including Piper forceps, multiple pregnancy vaginal delivery, Cesarean delivery, Cesarean hysterectomy, management of postpartum hemorrhage, medical and surgical, management of infections, complications of pregnancy and puerperium

*Low complexity vaginal delivery is defined as below +2 station; requiring no or <45 degree rotation.

Obstetric Anesthesia:

Paracervical block, pudendal block, local infiltration

Amniocentesis:

Second trimester (e.g. amnionitis, ruptured membranes evaluation), third trimester (e.g. fetal maturity study)

Medical Interruption of Pregnancy:

Dilatation and curettage (up to 14 weeks gestation), prostaglandin administration, hysterotomy

Other procedures:

Postpartum tubal sterilization, tubal sterilization with cesarean delivery, dilation and curettage for retained placenta and/or products of conception

Requested (Applicant) **Recommended approval (Service Chief/Chair)**

LEVEL II - OBSTETRICS

Minimum Training and Experience

Demonstration of competency in complex operative vaginal delivery is required prior to privileging.

Requirements: (High complexity operative vaginal delivery (vacuum or forceps))

Supervision of complex operative vaginal delivery by a privileged faculty OR documentation of competency based on appropriate previous experience with high complexity operative vaginal delivery (e.g. letter from previous service chief, chair or residency program director)

Requirements: (Management of planned vaginal breech delivery in viable pregnancy)

Demonstrated experience based on extensive prior experience or direct observation of a minimum of two (2) procedures by privileged department faculty member OR evidence of sufficient experience during residency training with letter from Program Director.

Scope of Practice/Privileges

High complexity operative vaginal delivery (vacuum or forceps)

Station Position

0 to +2

Any

Below +2 Occiput transverse, Occiput posterior, or requiring >45 degree rotation

- Requested (Applicant) Recommended approval

Management of planned vaginal breech delivery in viable pregnancy

- Requested (Applicant) Recommended approval

Dilation and evacuation (20 weeks gestation or less)

- Requested (Applicant)* *Recommended approval*

LEVEL III – OBSTETRICS/MATERNAL FETAL MEDICINE

Minimum Training and Experience:

Completion of ABOG Certified Fellowship in Maternal Fetal Medicine and board certified or active candidate for Maternal Fetal Medicine certification by ABOG

Current faculty: Continued experience in the area in which privileges are requested is documented by active participation in the care of Obstetric patients in that specialty during the previous 24 months. Continued experience includes care of patients in the outpatient and/or inpatient area. Treatment results will be compared to established quality benchmarks and surveillance will be performed regularly by the Departmental Quality Improvement Committee.

Scope of Practice/Privileges

The following list of procedures and/or evaluations may be performed only by those individuals with these credentials.

Percutaneous umbilical sampling or injection; Intrauterine transfusion; Medical fetal therapy (i.e. medication given to the mother to treat fetal abnormalities);-Selective termination; Intracardiac fetal injection. Drainage of fetal fluid or placement of fetal shunts.

- Requested (Applicant)** **Recommended approval**

Chorionic villus sampling;

- Requested (Applicant)** **Recommended approval**

LEVEL I CORE PRIVILEGES - GYNECOLOGY

Minimum Training and Experience

Applicant must have received an M.D. or D.O. degree from an approved school of medicine or osteopathy.

Applicants must have completed an approved internship and a residency program, approved by the American Board of Obstetrics and Gynecology or the equivalent board in another country which is recognized by the American Board of Obstetrics and Gynecology.

Applicants must be Board certified by the American Board of Obstetrics and Gynecology (or its equivalent) or active candidate.

Current faculty: Continued experience in the area in which privileges are requested is documented by active participation in the care of Gynecologic patients during the previous 24 months. Continued experience includes care of patients in the outpatient and/or inpatient area. Treatment results will be compared to established quality benchmarks and surveillance will be performed regularly by the Departmental Quality Improvement Committee.

Scope of Practice/Privileges

Participate directly in the medical assessment and management of the health status of pediatric, adolescent and adult patients.

Vulva, Introitus, and Perineum:

Vulvoscopy with or without biopsy, incision and drainage of abscesses, including Bartholin's and Skene's gland, excision and/or marsupialization of Bartholin's gland cyst/duct, destruction of lesions by electrocautery, chemicals or cryotherapy, laser (requires laser privileges), hymenotomy, hymenectomy, perineorrhaphy, vulvectomy - partial

Vagina:

Biopsy, excision of cyst, septum, or lesions, destruction of lesions by electrocautery, chemicals or cryotherapy, laser (requires laser privileges), colpotomy, colpocentesis (culdocentesis), colporrhaphy; anterior, posterior, enterocele repair, colpocleisis

Cervix:

Colposcopy with or without biopsy, dilation, endocervical curettage, destruction of lesions by electrocautery, cryotherapy, destruction of lesions by laser, conization of cervix by cold-knife, conization of cervix by laser (requires laser privileges), loop excision procedures, cerclage (transvaginal), trachelectomy (removal of cervix)

Uterus:

Curettage, diagnostic and/or therapeutic; medical interruption of pregnancy – dilation and curettage (up to 14 weeks gestation); hysterectomy - total/subtotal abdominal vaginal hysterectomy with: colporrhaphy, anterior/posterior, salpingo-oophorectomy; abdominal myomectomy; uterine suspension

Oviduct:

Salpingectomy; total or partial salpingo-oophorectomy, ectopic pregnancy removal by: salpingectomy, salpingotomy, sterilization procedure by: Pomeroy technique, fimbriectomy, Uchida technique, Irving technique, placement of silicone bands, adhesiolysis, removal of tubo-ovarian abscess

Ovary:

Oophorectomy, ovarian cystectomy/wedge resection, ovarian biopsy, drainage/aspiration ovarian cyst, ovariolysis, bilateral salpingo-oophorectomy, omentectomy, and debulking of ovarian malignancy (with oncologist participation)

Abdomen, Peritoneum, Retroperitoneum, Omentum:

Exploratory laparotomy repair of wound/incision complication, omentectomy; adhesiolysis; pelvic lymph node biopsy sampling or removal (with oncology participation); destruction of endometriosis by excision; electrocautery; incision and drainage of pelvic abscess; hypogastric artery ligation; appendectomy, prophylactic

Laparoscopy:

Diagnostic with/without chromopertubation (dye), operative for: sterilization, ovarian cyst aspiration/drainage. Removal of ectopic pregnancy either by salpingostomy or salpingectomy.

Hysteroscopy:

Diagnostic, including balloon thermal endometrial ablation.

Other Procedures:

Repair superficial bowel serosal laceration, repair simple bladder laceration.

Requested (Applicant)

Recommended approval

LEVEL II – GYNECOLOGY

Minimum Training and Experience

Demonstration of competency in advanced gynecologic procedures is required prior to privileging.

Requirements:

Supervision by a privileged surgeon for that procedure during at least three individual type of cases until competency has been demonstrated before performing the procedure independently.

The following are required for credentialing/privileging for operative laparoscopy, hysteroscopy, and cystoscopy: (Adaptation of the ACOG's Quality Improvement in Women's Health Care, 2000)

1. A member in good standing in the Department of Obstetrics and Gynecology.
2. Extensive expertise in basic laparoscopy for diagnostic and sterilization procedures and diagnostic hysteroscopy. This is usually attained through successful completion of an approved OB/GYN residency program.
3. Gynecologic surgeons will restrict their activities to procedures for which they have been privileged.
4. To maintain operative laparoscopy, hysteroscopy, and/or cystoscopy privileges, attendance at a refresher course on the specific privileges respectively is required every two years and/or ongoing operative experience of the requested procedure without significant quality issues as determined by dept QI Committee.
5. Specific course attendance and supervised cases will be documented as part of the surgeon's credentials file. Course attendance alone does not fulfill the criteria for privileging.
6. Documentation of an appropriate amount of previous independent endoscopic experience will be accepted instead of case supervision with approval of the Gyn Endoscopy Credentialing Committee

Advanced Endoscopic Surgery

Ovarian cystectomy or oophorectomy

Requested (Applicant) Recommended approval

Appendectomy

Requested (Applicant) Recommended approval

Total laparoscopic hysterectomy

Requested (Applicant) Recommended approval

Laparoscopic myomectomy

Requested (Applicant) Recommended approval

Laparoscopic assisted vaginal hysterectomy

Requested (Applicant) Recommended approval

Laparoscopic supra-cervical hysterectomy

Requested (Applicant) Recommended approval

Laparoscopic nerve ablative procedures (LUNA, presacral neurectomy)

Requested (Applicant) Recommended approval

Endometrial resection with either loop or rollerball electrocautery

Requested (Applicant) Recommended approval

Intrauterine septum resection

Requested (Applicant) Recommended approval

Lysis of intrauterine adhesions

- Requested (Applicant) Recommended approval

Hysteroscopic leiomyoma resection

- Requested (Applicant) Recommended approval

Essure (Sterilization)

- Requested (Applicant) Recommended approval

Essure (Sterilization) Associated Hysterosalpingogram (HSG)

- Requested (Applicant) Recommended approval

Diagnostic cystoscopy to evaluate for injury

- Requested (Applicant) Recommended approval

Cystoscopy with ureteral stent placement

- Requested (Applicant) Recommended approval

Advanced Pelvic Surgery**Uterosacral ligament suspension**

- Requested (Applicant) Recommended approval

Sacrospinous ligament suspension; abdominal sacral-colpopexy

- Requested (Applicant) Recommended approval

Repair of vesico vaginal or uretro-vaginal fistula

- Requested (Applicant) Recommended approval

Total vulvectomy for non-malignant (non-invasive) indications

- Requested (Applicant) Recommended approval

Retropubic urethropexy with/without suprapubic cystomy

- Requested (Applicant) Recommended approval

Transvaginal Tape (TVT) and other similar vaginal approach anti-incontinence procedures

- Requested (Applicant) Recommended approval

Paravaginal repair

- Requested (Applicant) Recommended approval

Other Gynecologic Procedures**Breast Biopsy - Open excision**

- Requested (Applicant) Recommended approval

Breast Biopsy - Wire localization

- Requested (Applicant) Recommended approval

Manual Vacuum Aspiration (MVA)

- Requested (Applicant) Recommended approval

LEVEL III – GYNECOLOGIC ONCOLOGY

Minimum Training and Experience:

Completion of ABOG Certified Fellowship in Gynecologic Oncology and board certified or active candidate Gynecologic Oncology for certification by ABOG

Current faculty: Continued experience in the area in which privileges are requested is documented by active participation in the care of Obstetric and Gynecologic patients in that specialty during the previous 24 months. Continued experience includes care of patients in the outpatient and/or inpatient area. Treatment results will be compared to established quality benchmarks and surveillance will be performed regularly by the Departmental Quality Improvement Committee.

Scope of Practice/Privileges

- Radical, modified radical, or simple hysterectomy with or without pelvic and para-aortic lymphadenectomy; fertility sparing procedures including radical trachelectomy; radical vaginectomy
- Radical vulvectomy with or without inguinal lymphadenectomy and/or reconstructive procedures (e.g. rhomboid flap, tensor fascia lata flap, split thickness skin graft, gracilis flap, gluteus maximus flap, and transposition flap)
- Pelvic exenteration including any or all of the following: Anterior, posterior, or total pelvic exenteration; urinary conduit (e.g. ileal, colon, or continent types); vaginoplasty (e.g. split thickness skin graft, gracilis flap, rectus flap, etc.); bowel resection and anastomosis
- Ovarian cancer staging and radical cytoreduction, including (but not limited to) bowel resection, CUSA, Argon beam ablation, diaphragm stripping, splenectomy, etc.
- Radiation brachytherapy applications (e.g. Fletcher Suite, Smit sleeve, interstitial template, etc.)
- Chemotherapy for gyn malignancies ; Central venous vascular and intraperitoneal access port insertion
- Laparoscopic cancer staging procedures; sentinel node mapping procedures
- Cystoscopy with or without biopsy and/or ureteral stenting; sigmoidoscopy; hysteroscopy.
- Panniculectomy; herniorrhaphy with or without mesh
- Repair of fistulae from GI or urinary tract, ureteral repair or ureteroneocystotomy

Requested (Applicant) **Recommended approval**

LEVEL III – REPRODUCTIVE ENDOCRINOLOGY

Minimum Training and Experience:

Completion of ABOG Certified Fellowship in Reproductive Endocrinology and Infertility and board certified or active candidate for Reproductive Endocrinology and Infertility certification by ABOG

Current faculty: Continued experience in the area in which privileges are requested is documented by active participation in the care of Obstetric or Gynecologic patients in that specialty during the previous 24 months. Continued experience includes care of patients in the outpatient and/or inpatient area. Treatment results will be compared to established quality benchmarks and surveillance will be performed regularly by the Departmental Quality Improvement Committee.

Scope of Practice/Privileges

Assisted reproductive technologies (ART)

- IVF (oocyte retrieval by any method)
- GIFT/ZIFT
- Embryo transfer
- Ovulation induction
- gonadotropin therapy
- clomiphene citrate more than four (4) cycles
- Artificial insemination

- Reproductive surgery
- Hysteroscopic tubal cannulation
- Laparoscopy (infertility treatment, tubal reconstructive surgery)
- Laparotomy (tubal reconstructive surgery to include tubal re-anastomosis, for primary treatment)
- Hysterosalpingogram

Requested (Applicant) **Recommended approval**

ULTRASOUND – OBSTETRICS

LIMITED

Minimum Training and Experience:

Certificate or letter from an accredited residency or fellowship program verifying ultrasound training including a minimum of 20 supervised examinations of this type

OR

Attendance at a post-graduate course meeting content criteria with a minimum of 20 supervised cases. Applicant should submit course materials and proof of 20 supervised cases. The 20 supervised cases can be performed at UMHS with a physician privileged to perform comparable procedures

Faculty Requesting Renewal: I certify that I have performed a minimum of 20 cases in the previous 24 months.
_____ (please initial)

Scope of Practice/Privileges

Performance of transvaginal cervical length assessment, performance of biophysical profiles and quantitative amniotic fluid volume assessment, Fetal presentation, placental location,

- Requested (Applicant) Recommended approval

Performance and interpretation of basic obstetric ultrasound biometry, umbilical artery Doppler

- Requested (Applicant) Recommended approval

ADVANCED

Minimum Training and Experience:

Certificate or letter from an accredited residency, fellowship, or post-graduate training verifying the equivalent of at least three months of diagnostic ultrasound training under the supervision of a qualified physician(s), during which the trainee was involved in the performance, evaluation, and interpretation of a least 300 sonograms.

OR

A licensed physician who, in the absence of formal fellowship or post-graduate training or residency training, can demonstrate: Evidence of 100 hours of AMA Category 1 CME activity dedicated to diagnostic ultrasound **AND** Evidence of being involved with the performance, evaluation, and interpretation of the images of at least 300 sonograms within a three-year period under the supervision of a qualified physician(s).

Faculty Requesting Renewal: I certify that I have attended 20 CME credit hours in ultrasound **AND** a minimum of 50 ultrasound cases in the previous 24 months. _____ (please initial)

Scope of Practice/Privileges

Basic Survey:

Performance, interpretation, and supervision of Obstetrical Competency (limited as above) ultrasound studies performed either personally or by qualified or in-training personnel;

Fetal Survey with Fetal anatomy and advanced biometry

Performance of second and third trimester invasive procedures including amniocentesis with ultrasound guidance.

- Requested (Applicant) Recommended approval

SUBSPECIALIST for Advanced Targeted OB Ultrasound

Minimum Training and Experience:

Completion of ABOG Certified Fellowship in Maternal Fetal Medicine and board certified or active candidate for Maternal Fetal Medicine certification by ABOG or completion of Genetics training (residency or fellowship) with board certification or active candidate for certification or completion of Radiology residency with board certification or active candidate for certification

Faculty Requesting Renewal: I certify that I have performed a minimum of 50 cases in the previous 24 months.
_____ (please initial)

Scope of Practice/Privileges

Performance, interpretation, and supervision of Advanced Targeted Survey including all fetal anatomy and evaluation of fetal anomalies

- Requested (Applicant) Recommended approval

Performance of chorionic villus sampling

- Requested (Applicant) Recommended approval

Performance of drainage of fetal fluid or placement of fetal shunts

- Requested (Applicant) Recommended approval

ULTRASOUND - GYNECOLOGY

Minimum Training and Experience:

Certificate or letter from an accredited residency or fellowship program verifying ultrasound training including a minimum of 20 supervised examinations of this type

OR

Attendance at a post-graduate course meeting content criteria with a minimum of 20 supervised cases. Applicant should submit course materials and proof of 20 supervised cases. The 20 supervised cases can be performed at UMHS with a physician privileged to perform comparable procedures

Faculty Requesting Renewal: I certify that I have performed a minimum of 20 cases in the previous 24 months.
_____ (please initial)

Scope of Practice/Privileges

Performance of limited first trimester obstetric ultrasound to determine intrauterine location of pregnancy, fetal number, viability, placentation, and gestational age

- Requested (Applicant) Recommended approval

Performance and interpretation of gynecologic ultrasound including uterine, ovarian, and other pelvic anatomy

- Requested (Applicant) Recommended approval

Performance of ultrasound for sonohysterography

- Requested (Applicant) Recommended approval

Reproductive Endocrinology – ONLY

Completion of ABOG Certified Fellowship in Reproductive Endocrinology and board certified or active candidate for Reproductive Endocrinology certification by ABOG

Performance of gynecologic ultrasound limited to evaluation of ovarian follicles and guidance for egg retrieval in established patients undergoing fertility treatment

- Requested (Applicant) Recommended approval

OUTPATIENT/AMBULATORY CARE ONLY - OBSTETRICS

(Do not apply if you have requested Level I OB privileges on Page 1)

Core Privileges

Evaluate, diagnose, consult, and treat pregnant and postpartum patients of all ages in an ambulatory setting. These privileges do not include inpatient care of pregnancy.

- Requested (Applicant) Recommended approval

OUTPATIENT/AMBULATORY CARE ONLY - GYNECOLOGY

(Do not apply if you have requested Level I GYN privileges on Page 3-4)

Core Privileges

Evaluate, diagnose, consult, and treat female patients of all ages with gynecologic or genitourinary illnesses, diseases, disorders or injuries in the outpatient setting. These privileges do not include procedures requiring moderate sedation, regional or general anesthesia unless separately requested.

- Requested (Applicant) Recommended approval

SPECIAL PRIVILEGES

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

- ▶ FLUOROSCOPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to M-Learning to complete these applications.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

_____ Approval as Requested _____ Approval as Modified pending direct observation of specific procedures indicated per department policy

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date: _____ Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Credentials Committee Member: _____ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Executive Committee On Clinical Affairs - Member: _____ Date: _____

LEVEL IV -- NON OB/GYN PRACTITIONER (Family Medicine ONLY)

Manual Vacuum Aspiration (MVA)

Minimum Training and Experience:

Applicant must be trained and board certified outside of Obstetrics and Gynecology in the training area of Family Medicine.

Applicant must have received training in the performance of Manual Vacuum Aspiration and performed a minimum of 20 supervised procedures by an Ob/Gyn faculty member.

Applicant must perform a minimum of 20 procedures over two years to maintain privileges.

Scope of Practice/Privileges

Manual Vacuum Aspiration (MVA)

FPPE Requirements (New Hire and Add Privileges): Monitoring of manual vacuum aspiration outcomes will be performed for the first six (6) months including rates of complication according to gynecologic quality indicators. A monitor will review on a monthly basis through the Quality Improvement Committee of Obstetrics and Gynecology and any outliers or concerns will be reported to the Director of Gynecology, service chief or department chair. A monitor will meet with the faculty member at six (6) months to review all related activities.

- Requested (Applicant) Recommended approval

CESAREAN DELIVERY (with or without tubal ligation)

Minimum Training and Experience:

Applicant must be trained and board certified outside of Obstetrics and Gynecology in the training area of Family Medicine.

Applicant must have received training in the performance of cesarean delivery and performed a minimum of 100 supervised procedures by a board certified faculty member with cesarean delivery privileges at an accredited US training program.

Applicant must perform a minimum of 15 procedures over two years to maintain privileges.

Scope of Practice/Privileges

Cesarean Delivery (with or without tubal ligation)

The following high risk cesarean deliveries must be referred to an obstetrician for operative management. History of non-low transverse cesarean delivery; cesarean delivery on an early pre-term pregnancy (≤ 32 weeks);, placenta previa (known or suspected); placenta accreta, increta or percreta (known or suspected); two or more previous cesarean deliveries or known extensive pelvic adhesions; morbidly obese (>280 pounds or BMI >35); major fetal anomalies; fetal back up or transverse fetal lie; maternal coagulopathy; known uterine fibroids; maternal medical problems that would make anesthesia hazardous or require general anesthesia; or multiple gestation

FPPE Requirements (New Hire and Add Privileges): Monitoring of cesarean delivery outcomes will be performed for the first six (6) months including rates of complication according to obstetric quality indicators. A monitor will review on a monthly basis through the Quality Improvement Committee of Obstetrics and Gynecology and any outliers or concerns will be reported to the Director of Obstetrics, service chief or department chair. A monitor will meet with the faculty member at six (6) months to review all related activities.

- Requested (Applicant) Recommended approval

Applicant Signature: _____ **Date:** _____

SPECIAL PRIVILEGES

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

- ▶ FLUOROSCOPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to M-Learning to complete these applications.

DEPARTMENT ACTION:

Approval as Requested
 Approval as Modified pending direct observation of specific procedures indicated per department policy

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: Family Medicine _____ Date: _____ Service Chief: Family Medicine _____ Date: _____

Department Chair: Ob/Gyn _____ Date: _____ Service Chief: Ob/Gyn _____ Date: _____

CREDENTIALS COMMITTEE ACTION:

Approval as Requested
 Not Approved (please explain) _____

Credentials Committee Member: _____ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval as Requested
 Not Approved (please explain) _____

Executive Committee On Clinical Affairs - Member: _____ Date: _____