University of Michigan
Hospitals and
Health Centers

Delineation of Privileges
Department of Pediatrics / Division of Pediatric Rheumatology

Applicant's Name

Date *First* *MI* *Last*

Instructions: **Check the box corresponding to the privileges that you are requesting. Applicants requesting privileges should only request those privileges when the minimum criteria has been met.**

Note: Applicants must attach to this delineation of privileges supporting documentation attesting to his or her experience and/or formal training.

Minimum threshold for requesting core privileges in Department / Service

☐ I meet the following mentioned minimum criteria and request that my application be considered for the privileges as outlined below.

LEVEL I

Requested	Granted	Scope of Practice / Privileges	Minimal Training and Experience
☐	☐	Pediatric core privileges: Privileges include treatment of patients between the ages of birth to young adulthood, the performance or procedures that do not carry a significant threat to life (including admission, consultation, and work-up; lumbar puncture, venipuncture, arterial puncture; laceration repair, incisions and drainage of superficial abscesses) and the treatment of major complicated illnesses.	**All new and current faculty must have:** 1) M.D. D.O. or equivalent international medical degree. 2) Successful completion of an approved residency training program in pediatrics. 3) American Board of Pediatrics certification or eligibility within three years of appointment **New faculty:** 1) Two letters of recommendation from colleagues aware of applicant's performance must be included. 2) Request for privileges immediately following fellowship or Residency must also include a letter of good standing from Director of the Residency or fellowship program completed. **Current faculty:** 1) Continued experience in the area documented by scheduled clinical assignment in the area for a minimum of 24 patients in a 12 month period.
☐	☐	Newborn core privileges: Privileges include the ability to provide care to all newborns, including those with potentially life-threatening illnesses. Consultation is suggested in extremely life threatening situations.	
☐	☐	Protocol patients limited to the clinical research center.	

LEVEL II

Requested	Granted	Privileges	Minimal Training and Experience
☐	☐	Privileges include admission, work-up, diagnosis, and provision of treatment for patients between the ages of birth to 18 years and to patients older than 18 years whose ongoing rheumatic disease has been continuously treated by the Pediatric Rheumatology Service at the University of Michigan Health System. This includes consultation for patients who are admitted or in need of care to treat general pediatric problems in addition to patients with rheumatic diseases. Special privileges: Privileges for specific procedures are the same as for general pediatric medicine and standard rheumatologic diagnostic and therapeutic procedures, including arthrocentesis.	**All new and current faculty must have:** 1) Must meet level I requirements 2) Pediatric Rheumatology Subspecialty Board certification or eligibility. Appropriate education and experience are indicated by successful completion of a Pediatric Rheumatology fellowship training program and/or by the individual's demonstrated competence in the treatment areas or procedures. Determination of competence is based on the judgment of the Division/Section Chief who will make use of minimum level of experiences expected in Pediatric Rheumatology is evaluation of 20 patients over 12 months.

LEVEL III

Requested	Granted	Privileges	Additional Education, Training and Experience
❑	❑		
❑	❑		
❑	❑		

TO BE COMPLETED BY APPLICANT:

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 ☐ As modified, explain _____

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 ☐ Disapproved, explain _____

Credentials Committee Member: _____ Date _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval: ☐ As Requested ☐ Disapproved, explain _____

Executive Committee On Clinical Affairs Member: _____ Date _____