



University of Michigan  
Hospitals and Health Centers

## UNIVERSITY OF MICHIGAN HEALTH SYSTEMS

### Delineation of Privileges Department of Pediatrics/Division of General Pediatrics

Name: \_\_\_\_\_  
Please Print or Type

#### LEVEL I CORE PRIVILEGES

**Minimum Training and Experience (Pediatric and Newborn Core):**

M.D. or D.O. Successful completion of a three-year pediatric residency program approved by the Accrediting Council for Graduate Medical Education or the American Osteopathic Association.

For those joining the faculty immediately after completion of Pediatric Residency Program, a letter of reference from the Director of the residency program at which the applicant trained documenting satisfactory completion of the program (including adequate patient care volume and demonstration of competency in patient care required by the American Board of Pediatrics prior to certifying examination); two additional supporting letters from Pediatric faculty of the candidate’s residency program. Certification by the American Board of Pediatrics within 3 years of initial appointment is required. Board Certification must be maintained.

For those joining the faculty after having already been practicing Pediatrics elsewhere: two letters of reference from Pediatricians who can attest to the applicant’s competency in patient care and teaching abilities; three additional supporting letters from Pediatricians who are acquainted with the applicant’s current professional status, medical practice, and involvement in the field of Pediatrics. Certification by the American Board of Pediatrics is required if the applicant has graduated from a Pediatric training program more than three years from the time of expected appointment and Board Certification must be maintained.

**Reappointment Requirements:**

To retain privileges, caring for a minimum of 24 patients during a 12 month period is required.

**Pediatric Core Privileges**

Privileges include the treatment of patients from birth to young adult, the performance of minor procedures (including related admission, consultation, and work-up; lumbar puncture, venipuncture, arterial puncture; laceration repair, incisions and drainage of superficial abscesses), and the treatment of major or complicated illnesses.

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

### **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 complex, life-threatening situations.

- Requested (Applicant)       Recommended approval (Service Chief/Chair)
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### **LEVEL II**

#### **Sports Medicine**

**Minimum Training and Experience:** In addition to Level I qualifications, faculty members will have a Certificate of Added Qualification (CAQ) in Sports Medicine from the American Board of Pediatrics, or be qualified to sit for the exam. Certification requires a minimum of one year of training in an ACGME accredited program for Sports Medicine.

**Scope of Practice/Privileges:**

Privileges include evaluation, management, and non-operative treatment of musculoskeletal injuries in active individuals and the treatment of medical conditions due to this level of activity. Faculty members can accept referrals for such services from physicians outside the department. Procedures may include casting, arthrocentesis, dislocation reduction, nerve block, and PRP (platelet rich plasma) injections.

- Requested (Applicant)       Recommended approval (Service Chief/Chair)
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### **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 URL: [www.med.umich.edu/i/oca](http://www.med.umich.edu/i/oca) for instructions, or contact your Clinical Department Representative.**

#### **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 \_\_\_\_\_ As Modified (please 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 \_\_\_\_\_ 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: \_\_\_\_\_