



MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

Delineation of Privileges **Department of Pediatrics / Division of Adolescent Medicine**

Name: _____
Please type or print

There are two pathways for gaining privileges for the practice of Adolescent Medicine. The first is through training in General Pediatrics with additional fellowship training in Adolescent Medicine. The second is through training in Family Medicine with additional fellowship training in Adolescent Medicine.

LEVEL I ADOLESCENT MEDICINE CORE PRIVILEGES FOR PEDIATRICIANS

To Qualify for the subspecialty of Adolescent Medicine, a practitioner may first be trained in General Pediatrics. Applicant must be a M.D. or D.O., and successfully completed a pediatric residency program approved by the Accrediting Council for Graduate Medical Education or the American Osteopathic Association. Additional requirements are outlined below.

General Pediatric Core Privileges for Pediatricians only

To qualify for the subspecialty of Adolescent Medicine a practitioner may first be trained in General Pediatrics. Therefore, a practitioner who is granted Adolescent Medicine privileges is automatically granted privileges in Pediatrics that may be found at:

<http://www.med.umich.edu/mss/pdf/PedGen.pdf>

Privileges include the ability to provide care, counseling and consultation for adolescents and young adults.

Adolescent Medicine Core may include, but is not limited to, the following:

- Chronic handicapping conditions
- Cognitive disorders (learning, attention, other areas affecting education), management of
- Counseling, interviewing/short term for adolescents, young adults, and parents
- Eating disorders, management of
- Endocrine system and metabolism disorders, management of
- Family dynamics (conflicts and problems), management of
- Gynecologic care for adolescents and young adults, management of
- Health promotion and disease prevention
- History and physical examination (H&P)
- Immunizations
- Infectious diseases, including epidemiology, microbiology, treatment
- Mental illnesses of adolescence, (including psychopharmacology disorders/psychophysiology disorders), psychotherapy/counseling

- Nutritional needs, (including deficiencies, health problems, normal needs, special populations needs), management of
- Organ-specific conditions encountered frequently during adolescence, management of
- Physical and sexual abuse, management of
- Pubertal maturation and its disorders (physical, physiological, psychosocial changes associated with), management of
- Reproductive health issues (males/females), [including gynecomastia, contraception, fertility, menstrual disorders, management of
- Risk-taking behaviors, management of
- Sexuality, (including development, sexual health problems, sexual identity), management of
- Sexually transmitted diseases, diagnosis, prevention, treatment
- Sleep and sleep disorders, management of
- Social/emotional adolescent development, management of
- Sports medicine, management of
- Substance abuse problems (including alcohol/tobacco), detection, evaluation, initial management of

Required Training and Certification:

Requires completion of a minimum two-year fellowship in an Adolescent Medicine program approved by the Accrediting Council for Graduate Medical Education. Board Certification in Adolescent Medicine is required within five years of completion of accredited training and must be maintained.

Reappointment Requirements for Adolescent Medicine:

To retain privileges, caring for a minimum of 50 patients during a 12 month period is required.

Privileges include the treatment of patients from the onset of puberty or elementary school aged until young adulthood, the performance of minor procedures (including related admission, consultation, and work-up, and contraception devices), preventative healthcare and the treatment of all stages of acute and/or chronic illnesses.

___ Requested (Applicant)

___ Not Requested (Applicant)

___ Recommended approval (Service Chief/Chair)

LEVEL I ADOLESCENT MEDICINE CORE PRIVILEGES FOR FAMILY MEDICINE PHYSICIANS

To Qualify for the subspecialty of Adolescent Medicine, a practitioner may first be trained in Family Medicine. Applicant must be a M.D. or D.O., and successfully completed a family medicine residency program approved by the Accrediting Council for Graduate Medical Education or the American Osteopathic Association. Additional requirements are outlined below.

Privileges include the ability to provide care, counseling and consultation for adolescents and young adults.

Adolescent Medicine Core may include, but is not limited to, the following:

- Chronic handicapping conditions
- Cognitive disorders (learning, attention, other areas affecting education), management of
- Counseling, interviewing/short term for adolescents, young adults, and parents
- Eating disorders, management of
- Endocrine system and metabolism disorders, management of
- Family dynamics (conflicts and problems), management of

- Gynecologic care for adolescents and young adults, management of
- Health promotion and disease prevention
- History and physical examination (H&P)
- Immunizations
- Infectious diseases, including epidemiology, microbiology, treatment
- Mental illnesses of adolescence, (including psychopharmacology disorders/psychophysiology disorders), psychotherapy/counseling
- Nutritional needs, (including deficiencies, health problems, normal needs, special populations needs), management of
- Organ-specific conditions encountered frequently during adolescence, management of
- Physical and sexual abuse, management of
- Pubertal maturation and its disorders (physical, physiological, psychosocial changes associated with), management of
- Reproductive health issues (males/females), [including gynecomastia, contraception, fertility, menstrual disorders, management of
- Risk-taking behaviors, management of
- Sexuality, (including development, sexual health problems, sexual identity), management of
- Sexually transmitted diseases, diagnosis, prevention, treatment
- Sleep and sleep disorders, management of
- Social/emotional adolescent development, management of
- Sports medicine, management of
- Substance abuse problems (including alcohol/tobacco), detection, evaluation, initial management of

Required Training and Certification:

Requires completion of a minimum two-year fellowship in an Adolescent Medicine program approved by the Accrediting Council for Graduate Medical Education. Board Certification in Family Medicine with a certificate of added qualifications (CAQ) in Adolescent Medicine is required within five years of completion of accredited training and must be maintained.

Reappointment Requirements for Adolescent Medicine:

To retain privileges, caring for a minimum of 50 patients during a 12-month period is required.

Privileges include the treatment of patients from the onset of puberty or elementary school aged until young adulthood, the performance of minor procedures (including related admission, consultation, and work-up, and contraception devices), preventative healthcare and the treatment of all stages of acute and/or chronic illnesses.

Requested (Applicant)

Not Requested (Applicant)

Recommended approval (Service Chief/Chair)

SPECIAL PRIVILEGES

A separate application is required to apply or reapply for the following Special Privileges:

- Chemotherapy for Non-Oncologists (MC-IP1027E Chemotherapy Authorizing Provider)
- Fluoroscopy (RADI-10100 Fluoroscopy Privileging)
- Hyperbaric Oxygen Therapy (<http://www.med.umich.edu/i/oca/mss/hbot.htm>)
- Laser (OPER-1011 Laser Privileging)
- Robotics (RADI-10102 Privileges for Use of the Robotic Surgical Platform)
- Sedation Analgesia (ANES-28048 Moderate Sedation, ANES-20023 Deep Sedation)

Applications can be found in [MLearning](#) for all these privileges with the exception of Hyperbaric Oxygen Therapy. Please go to [MLearning](#) to access and complete the associated learning module and privileging form. Please contact Medical Staff Services at (734) 647-6865 with any questions.

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 _____