

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 FAMILY PRACTICE

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
ADULT CORE PRIVILEGES: Admitting/Consulting privileges for diagnoses patients >16 years old generally regarded as part of the specialty of Family Practice Consulting Privileges Abdominal Paracentesis Arterial Puncture Bone Marrow aspiration Excisional skin biopsy Joint aspiration Lumbar Puncture Minor debridement of decubitus ulcers Punch biopsy of skin Thoracentesis			
PEDIATRIC CORE PRIVILEGES: Admitting/Consulting Privileges > 2 months old			
NON CORE PRIVILEGES:			
Bone Marrow Biopsy			
Flex Sigmoidoscopy with or without biopsy			
OTHER:			

BOARD CERTIFICATION: Must obtain within 6 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature (Medicine) Date

 Department Chief Signature (Pediatrics) Date