

MEDSTAR UNION MEMORIAL HOSPITAL  
 DELINEATION OF PRIVILEGES  
 HEMATOLOGY

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

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Hematology			
Bone Marrow: Aspiration Biopsy (needle) Administration of Chemotherapeutic Agents Spinal Tap			
NON CORE PRIVILEGES:			
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 Date