

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 INTERNAL MEDICINE

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 Internal Medicine			
Arthrocentesis			
Bone Marrow Aspiration			
Incision and Drainage of Cutaneous Abscess			
Lumbar Puncture			
NG Intubation			
Paracentesis			
Peripheral Intravenous Catheter Insertion			
Thoracentesis			
Urinary Bladder Catheterization			
NON CORE PRIVILEGES:			
Arterial Catheterization			
Bone Marrow Biopsy			
Central Venous Catheter Insertion			
Flexible Sigmoidoscopy			
Total Parenteral Nutrition Management			
Sleep Study Interpretation			
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