

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 PEDIATRICS

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 Pediatrics			
Care of Neonates and children up to age 11			
Care of adolescents age 12-21			
Lumbar puncture			
Peripheral intravenous catheterization			
Suprapubic cystostomy			
Peripheral arterial blood gas draw			
Urethral bladder catheterization			
Incision and drainage of abscess			
Suture (uncomplicated wound)			
NON CORE PRIVILEGES:			
Umbilical catheterization (artery & venous)			
Percutaneous line placement (peripheral arterial)			
Direct Laryngoscopy			
Ventilator management			
Resuscitation:			
Newborn, Infants, Children & Adolescents			
Thoracocentesis			
SUBSPECIALTY PRIVILEGES:			
Allergy/Immunology			
Behavioral/Developmental Pediatrics			
Cardiology			
Critical care			
Cytogenetics			
Dermatology			
Echocardiography (neonatal/pediatric)			
Endocrinology			
Gastroenterology			
Genetics			
Hematology			
Infectious Disease			
Neonatology			
Nephrology			
Neurology			
Psychiatry			
Pulmonary Medicine			
OTHER:			

BOARD CERTIFICATION: The physician should be Board Certified within 5 years after completion of the Graduate Medical Education in his/her specialty. He/She, should be Board eligible and demonstrate the preparedness to take the boards soon. However, the final decision will be determined by the Chief of the department based on other criteria that includes the experience, peer review, references, patient satisfaction, knowledge, bedside manners, medical error, neglects and other kinds of malpractices and the need of his/her services at UMH.

Applicant Name

(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