



AcuteCare Health System

Specialty Hospital at Kimball

Specialty Hospital at Monmouth

SURGICAL SERVICES

DELINEATION OF PRIVILEGES

APPLICANT'S NAME: _____ DATE: _____

This is my:	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Re-appointment Application	<input type="checkbox"/> I am modifying my privileges
Status:	<input type="checkbox"/> Active		

I. Training: Successful completion of an approved residency training program in the surgical specialty indicated and certification by the applicable Board, or admissibility to take the Board within the time, following completion of residency training, as prescribed by the applicable Board.

II. Experience: The successful applicant must be able to demonstrate provision of service to at least 15 patients in the past 12 months. (Note: Applicants who are unable to document compliance with noted experience requirements may work on under a preceptor member of the Medical Staff in order to attain required experience).

With Surgical Services privileges a physician may admit, treat, and perform specific surgical procedures.

Check the appropriate surgical specialty below:

- Cardiovascular
- General Surgery
- Gynecology
- Neurosurgery
- Ophthalmology
- Otorhinolaryngology
- Orthopedic
- Oral & Maxillofacial
- Plastic Surgery
- Thoracic & Cardiovascular
- Urology
- Other (Specify) _____

Check the specific tasks/procedure listed below for which privileges are requested:

SPECIFIC TASKS/PROCEDURES	ACTION REQUIRED					
	APPROVAL		DENIAL		SPEC COND	
	MEC REC	Board App	MEC REC	Board App	MEC REC	Board App



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Tasks						
<input type="checkbox"/> Consultation						
<input type="checkbox"/> Diagnostic Evaluation						
<input type="checkbox"/> Prescribing/management of medication regimes						
<input type="checkbox"/> History & Physical						
General Surgery						
<input type="checkbox"/> Bronchoscopy						
<input type="checkbox"/> Central line placement						
<input type="checkbox"/> Closed chest drainage						
<input type="checkbox"/> Conscious Sedation						
<input type="checkbox"/> Debridement and Repair of Laceration						
<input type="checkbox"/> Esophagogastrosocopy						
<input type="checkbox"/> Intubation						
<input type="checkbox"/> Lumbar Puncture						
<input type="checkbox"/> Peripheral Arterial Cut-Down						
<input type="checkbox"/> Peripheral Venous Cut-Down						
<input type="checkbox"/> Resection of Skin Lesions						
<input type="checkbox"/> Sigmoidosocopy						
<input type="checkbox"/> Thoracentesis						
<input type="checkbox"/> Total Parenteral Nutrition						
<input type="checkbox"/> Tracheostomy (emergency)						
OPHTHALMOLOGY						
<input type="checkbox"/> General Ophthalmic care						
ORTHOPEDICS						
<input type="checkbox"/> Arthrodesis – any joints						
<input type="checkbox"/> Nails						
<input type="checkbox"/> Skin Lesions						
OTOLARYNGOLOGY						
<input type="checkbox"/> Myringotomy (with or without insertion of PE Tubes)						

Signature/Applicant

Date

Medical Executive Committee

Date