

Privilege Request Form

Privileges for: Pulmonology, Pediatric

Request

- ☐ Initial application for privileges
☐ Reappointment application for privileges
☐ Request for additional privileges

I hereby request the privileges of performing the following medical and/or surgical procedures (requested procedures are check (X) marked). Please note, a practitioner can choose to cross off any core privilege he/she is not interested in applying for.

PEDIATRIC PULMONOLOGY

Criteria: Practitioners applying for privileges in the Department of Medicine, specialty Pulmonology, Children's Hospital & Medical Center must meet the following criteria:

*** Minimum formal training: Successful completion of an ACGME/AOA-accredited postgraduate training program in pediatrics or internal medicine/pediatrics followed by the successful completion of an accredited Pulmonology fellowship program.**

*** Board certification or admissibility in Pediatric Pulmonology as regulated by the American Board of Pediatrics.**

Core Privileges:

Core privileges in Pulmonology include being able to admit, work up, diagnose and provide treatment or consultative services to patients presenting with conditions, injuries and diseases of the organs of the upper respiratory track, thorax, chest, lungs, cardiovascular and tracheobronchial systems, esophagus, and other mediastinal contents, diaphragm, and circulatory system. Core privileges are inclusive of:

Inhalation challenge studies

Direct laryngoscopy

Tracheal intubation

Interpretations of pulmonary function tests

Flexible rhinolaryngoscopy

Flexible bronchoscopy

Management of Mechanical Ventilation for all ventilators that are FDA approved for home use

Chest Tube Placement

Initial Criteria: documentation of successful completion of training in chest tube placement or successful performance of 5 procedures in two years

Reappointment Criteria: documentation of successful performance of 3 procedures in previous two years

Needle thoracentesis

Initial Criteria: documentation of successful completion of training in needle thoracentesis or successful performance of 5 procedures in two years

Reappointment Criteria: documentation of successful performance of 3 procedures in previous two years

Transbronchial biopsy

Initial Criteria: documentation of successful completion of training in transbronchial biopsy or successful performance of 5 procedures in two years

Reappointment Criteria: documentation of successful performance of 3 procedures in previous two years

Applicant Signature: _____

Date: _____

Physician Signature: _____

Date: _____