

I am requesting the specific privileges marked below. I understand that I may request additional privileges, or privileges in another Clinical Department, at any time. I also understand that the granting of these privileges is subject to verification of proficiency by the Chair of the Department, the Credentials Committee of the Medical Staff, and/or any other person or body appropriately designated under the Bylaws, Rules and Regulations of the Medical Staff.

I understand that in an emergency (any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient), I am authorized to treat any medical disease and/or perform any medical or surgical procedure indicated that is within the scope of my license.

Basic education: MD or DO

Minimal formal training: Successful completion of an ACGME- or AOA accredited residency in internal medicine, and/or current certification or active participation in the examination process (with achievement of certification in accordance with UCSF Medical Staff Bylaws) leading to certification in internal medicine by the ABIM or AOBIM or foreign training and board equivalency

Renewal Criteria: Practitioners who do not meet the activity levels for maintenance/renewal criteria (such as Courtesy appointee) for particular privileges may submit – from their primary practice location—either;

A.) A peer reference from the service Chief or Chair attesting to clinical competence in the requested privileges, or

B.) Case-logs of clinical activity from their primary practice location.

**ADMITTING SERVICES (I expect to admit and care for patients under my own name on the following inpatient services)**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	GM-Medicine	N/A		N/A

**CATEGORY 1**

**Core Privilege in Internal Medicine Privileges - Core privileges for internal medicine include the ability to admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Internists may provide care to patients in the intensive care setting in conformance with unit policies. They also should be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the procedures list below and such other procedures that are extensions of the same techniques and skills:**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	<p>A - Core Internal Medicine Privileges</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performance of history and physical exam</li> <li><input type="checkbox"/> Arthrocentesis and joint injections</li> <li><input type="checkbox"/> Incision and drainage of abscesses</li> <li><input type="checkbox"/> Local anesthetic techniques</li> <li><input type="checkbox"/> Placement of a peripheral venous line</li> <li><input type="checkbox"/> Interpretation of EKGs</li> <li><input type="checkbox"/> Removal of nonpenetrating foreign body from the eye, nose, or ear</li> <li><input type="checkbox"/> Management of burns, superficial and partial thickness</li> </ul>	Provision of care to at least 50 patient encounters, reflective of the scope of privileges requested, in the past 12 months or	Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to

	<p>□ Aspiration of joints &amp; subcutaneous lesions</p>	<p>successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months</p>	<p>renew privileges in internal medicine, the applicant must have current demonstrated competence and an adequate volume of experience 50 patient encounters with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p> <p>In addition, continuing education related to internal medicine should be required.</p>	<p>complete proctoring</p>
	<p>B - Abdominal paracentesis</p>	<p>Case logs documenting 5 procedures with acceptable results for each procedural privilege requested</p>	<p>Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with</p>	<p>(5) encounters with satisfactory outcomes for each requested procedure must be</p>

			acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	submitted to complete proctoring
	C - Drawing of arterial blood	Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	D - Excision of skin and subcutaneous tumors, nodules, and lesions	Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

E - Insertion arterial lines		Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
F - Nasogastric intubation		Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
G - Performance of simple skin biopsy		Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5	(5) encounters with satisfactory outcomes for each requested procedure

			<p>procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.</p>	<p>must be submitted to complete proctoring</p>
	<p>H - Placement of anterior and posterior nasal hemostatic packing</p>	<p>Case logs documenting 5 procedures with acceptable results for each procedural privilege requested</p>	<p>Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.</p>	<p>(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring</p>
	<p>I - Thoracentesis</p>	<p>Case logs documenting 5 procedures with acceptable results for each procedural privilege requested</p>	<p>Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or</p>	<p>(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring</p>

			case logs.	
	J - Lumbar puncture	Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	K - Arterial puncture	Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	L - Skin Biopsy	Case logs documenting 5 procedures with acceptable results for each procedural	Maintenance of these procedural privileges requires demonstrated competence of at	(5) encounters with satisfactory outcomes for each requested

		privilege requested	least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	procedure must be submitted to complete proctoring
	M - Sigmoidoscopy, proctoscopy with biopsy	Case logs documenting 5 procedures with acceptable results for each procedural privilege requested	Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs.	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	N - Central Line Placement & Removal	Documented Completion of the Central Venous Catheter Procedure Education and Training Module via the UCSF Learning Center AND Documentation of at least one of the following: 1. Board Eligibility/Board Certification in		(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

		<p>specialties that include CVC Insertion and/or removal procedure as part of the basic delineated competencies (ie. Anesthesia, Cardiology, Emergency Medicine, General Surgery, Interventional Radiology and Nephrology).</p> <p>2. Completion of one-month experience/rotation in Interventional Radiology.</p> <p>3. Attestation or certification by Service Chief or Program Directors.</p> <p>4. Documented supervised insertion procedures (5 internal jugular, 5 femoral, 5 PICC, 5 subclavian). Documented supervised removal procedures (2 non-tunneled lines)</p>		
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**CATEGORY 2  
Special Privileges**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Acupuncture	220 hours of CME in acupuncture training	Documentation of 10 procedures in the past 24 months	(5) encounters with satisfactory outcomes for each requested procedure must be



				submitted to complete proctoring
	B - Provider performed microscopy	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	
	B1 - Urine	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	
	B.2 - KOH	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	
	B.3 - Wet Prep	Completion of PPM Competency training through the University	Annual review of online assessment through the University of	

		of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	
	B.4 - Fern	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	
	B.5 - Pinworm	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	
	C - Waived Point-of-Care Testing	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.1 - IM Confirms® Urine Pregnancy Test	Completed "Waived Testing Privileges" form signed by		

		applicant and Division/Department signer(s)		
	C.2 - Urine Multistix® or Uristix®	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.3 - pH testing using pH paper	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.4 - Coloscreen®	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.5 - Gastrocult®	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.6 - Quickview Influenza	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.7 - Signify Strep A	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.8 - Binax Now ® RSV	Completed "Waived Testing Privileges" form signed by applicant and		

		Division/Department signer(s)		
	C.9 - OraQuick Advance ® Rapid HIV 1/2 Antibody	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	C.10 - Urine Drug Screen	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		

**CATEGORY 3**

**Limited Privileges - (Limited privileges in Medicine: Patient management limited to the areas specified)**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Clinical psychology only			

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENTAL REVIEW AND RECOMMENDATION**

I am not aware of any physical or mental health status issue that could in any way impair this individual's abilities to practice within the privileges requested.

\_\_\_\_\_  
UCSF Division Chief Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UCSF Department Chair Signature

\_\_\_\_\_  
Date

