

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 for Internal Medicine Privileges: Successful completion of an ACGME- or AOA accredited residency in internal medicine or family 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 or family medicine by the ABIM/ABFM, or AOBIM/AOBFP, or foreign trained equivalent

Minimal formal training for Geriatrics privileges: Completion of an ACGME- or AOA-accredited residency in family medicine or internal medicine, and completion of an ACGME or AOA-accredited fellowship program in geriatric medicine AND/OR Current subspecialty certification or active participation in the examination process (with achievement of certification in accordance with UCSF Medical Staff Bylaws) leading to board certification by the ABIM or ABFM or achievement of a certificate of added qualifications in geriatric medicine by the AOBFP 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.

### CATEGORY 1 CORE PRIVILEGES IN GENERAL INTERNAL MEDICINE

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	<p>A - Basic Privileges for Internal Medicine</p> <p>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:</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> </ul>	<p>Required current experience: Provision of care to at least 50 patient encounters, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited</p>	<p>Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to renew privileges in internal medicine, the applicant must have current demonstrated competence and an adequate</p>	<p>(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring</p>

<ul style="list-style-type: none"> <li><input type="checkbox"/> Interpretation of EKGs (determine whether core or noncore)</li> <li><input type="checkbox"/> Removal of nonpenetrating foreign body from the eye, nose, or ear</li> <li><input type="checkbox"/> EKG reading</li> </ul>		residency or clinical fellowship within the past 12 months	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.	
	B - Aspiration of joints & subcutaneous lesions	Required current experience: 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
	C - Lumbar Puncture	Required current experience: 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,	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

			based on results of ongoing professional practice evaluation and outcomes or case logs	
	D - Arterial Puncture	Required current experience: 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 - Skin Biopsy	Required current experience: 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

**CATEGORY 2  
CORE GERIATRIC PRIVILEGES**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	<p>A - Basic Geriatric Medicine Privileges</p> <p>Core privileges for geriatric medicine include the ability to admit, evaluate, diagnose, treat, and/or provide consultation to older adult patients and/or adults with premature aging with illnesses and disorders that are especially prominent in the elderly, such as confusion, dementia, depression, falls and instability, incontinence, chronic pain, and sensory impairment; disorders that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders; and end-of-life care. Physicians may provide care to patients in the intensive care setting in conformance with unit policies; they may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in this specialty include the procedures on the following list and such other procedures that are extensions of the same techniques and skills.</p> <ul style="list-style-type: none"> <li>• Treating and managing patients in acute care, long term care, community and home-based settings</li> <li>• Performance of history and physical exam</li> <li>• Application of the general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments</li> <li>• Assessment of patients, including medical, affective, cognitive, and functional status, social support, and economic and environmental aspects related to health using validated measures</li> <li>• Management of areas of special concern, such as falls and incontinence</li> <li>• Management of aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease</li> <li>• Management of the appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dietitians, and rehabilitation experts, in the assessment and implementation of treatment</li> <li>• Recognition and evaluation of cognitive impairment</li> <li>• Treatment and prevention of iatrogenic disorders</li> <li>• Recognition and understanding of Medicare and other insurance benefits and access to care and services</li> <li>• Providing care that is based on a patient's preference and overall health and disease trajectory</li> <li>• Peri-operative assessment of the older adult</li> <li>• Evaluation and treatment of social determinants of health (such as nutrition, social isolation, transportation and substance use)</li> <li>• Understanding of ethical and legal considerations that may affect medical management (including mandated Adult Protective Services reporting and DMV reporting)</li> </ul>	<p>Minimal formal training: Completion of an ACGME- or AOA-accredited residency in family medicine or internal medicine, and completion of an ACGME or AOA-accredited fellowship program in geriatric medicine AND/OR Current subspecialty certification or active participation in the examination process (with achievement of certification within 6 years) leading to board certification by the ABIM or ABFM or achievement of a certificate of added qualifications in geriatric medicine by the AOBFP or AOBIM.</p>	<p>Required current experience: Care for at least 5 elderly patients, reflective of the scope of privileges requested, or successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past 12 months</p>	<p>(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring</p>

**CATEGORY 3  
DEPARTMENT SPECIAL PRIVILEGES**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - 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 form	
	A1 - 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 form	
	A2 - KOH	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy	Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website	

		Procedures (PPMP) Competency/Proctoring form	and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency form	
	A3 - Wet Prep	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 form	
	A4 - 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 form	
	A5 - Pinworm	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and	Annual review of online assessment through the University of Washington's Department of	

		UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency form	
	B - Waived Point-of-Care Testing			
	B1 - Urine Multistix® or Uristix®			
	B2 - pH testing using pH paper			
	B3 - Coloscreen			
	B4 - Gastrocult			
	B5 - Quickview Influenza			
	B6 - Signify Strep A			
	B7 - Binax Now ® RSV			
	B8 - OraQuick Advance ® Rapid HIV ½ Antibody			

**CATEGORY 4  
LIMITED PRIVILEGES**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Consultation only			

**Admitting Services**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	GM Medicine	N/A		N/A
	MT GCRC (Requires GCRC Medical Director Approval)	N/A		N/A

**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