Adult Critical Care Medicine 2026
Privileges Request Form

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/Certificates: M.D. or D.O

Minimum Formal Training: Completion of an ACGME/AOA accredited training program in the relevant medical specialty and successful completion of an accredited fellowship in critical care 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 subspecialty certification in critical care medicine by the AMBS Board or the American Osteopathic Board or foreign equivalent.

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
	AN Anesthesiology Service	N/A	Maintenance: Admitting activity of at least 5 patients at UCSF Medical Center in the past two years, or attestation of need from service Chief/Chair.	N/A

CATEGORY 1
CORE PRIVILEGES IN CRITICAL CARE MEDICINE

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Core privileges for critical care medicine include the ability to admit, evaluate, diagnose, and provide treatment or consultative services for patients of all ages with multiple organ dysfunction and in need of critical care for life-threatening disorders. Physicians in this specialty may also 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 following procedure list and such other procedures that are	Inpatient care to at least 30 patients in the ICU, reflective of the scope of	Reappointment should be based on unbiased, objective results of care according	(10) Satisfactory patient encounter/or consultations must be

	extensions of the same techniques and skills: • Performance of history and physical exam • Administration of sedation and analgesia • Airway maintenance intubation, including fiber-optic bronchoscopy and laryngoscopy • Arterial puncture and cannulation • Cardiopulmonary resuscitation • Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients • Cardiac output determinations by thermodilution and other techniques • Cardioversion and defibrillation • Electrocardiography interpretation • Evaluation of oliguria • Insertion of central venous, arterial, and pulmonary artery balloon flotation catheters • Insertion of hemodialysis and catheters • Interpretation of intracranial pressure monitoring • Lumbar puncture • Management of anaphylaxis and acute allergic reactions • Management of critical illness in pregnancy • Management of life-threatening disorders in ICUs, including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdose, massive bleeding, diabetic acidosis, and kidney failure • Management of massive transfusions • Management of the immunosuppressed patient • Monitoring and assessment of metabolism and nutrition • Needle and tube thoracostomy • Paracentesis • Pericardiocentesis • Preliminary interpretation of imaging studies • Thoracentesis • Transtracheal catheterization • Image-guided procedures • Use of reservoir masks, nasal prongs/cannulas, and nebulizers for delivery of supplemental oxygen and inhalants • Ventilator management, including experience with various modes and Continuous positive airway pressure therapies • Wound care	privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months (plus advanced cardiac life support, advanced trauma life support, pediatric advanced life support, or advanced pediatric life support provider status).	to a hospital's quality assurance mechanism. To be eligible to renew privileges in critical care, the applicant must have current demonstrated competence and an adequate volume of at least 4 weeks critical care scheduled, completed clinical service 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. In addition, continuing education related to critical care medicine should be required.	submitted to complete proctoring

CATEGORY 2

SPECIAL NONCORE PRIVILEGES IN CRITICAL CARE MEDICINE If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence.

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Temporary cardiac pacemaker insertion and application	Successful completion of 5 documented cases with acceptable outcomes	Required documented 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 must be submitted to complete proctoring requirements
	B - Percutaneous tracheostomy/cricothyrotomy tube placement	Successful completion of 5 documented cases with acceptable outcomes	Required documented 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 must be submitted to complete proctoring requirements
	C - Critical Care Ultrasound for Limited Anatomic Examination	Completion of the UCSF Critical Care Ultrasound Credentialing Pathway or documentation of ultrasound training along with a letter of reference attesting to competency if training completed at outside institution (to be reviewed on case-by-case basis by Critical Care Ultrasound Director)	Documentation of ongoing use of critical care ultrasound with acceptable accuracy rate as determined by the Critical Care Ultrasound Director	(5) encounters with satisfactory outcomes must be submitted to complete proctoring requirements

		UCSF CRITICAL CARE ULTRASOUND CREDENTIALING PATHWAY 1. Initial certification a. UCSF CCUS credentialing pathway ▪ Completion of UCSF CCUS Course or equivalent didactic training in CCUS. o Courses/training other than the UCSF CCUS course will be reviewed for equivalency by the CCUS Director on a case-by-case basis. ▪ At least 25 supervised scans in each exam, with either direct oversight or documented review by the CCUS committee. 2. Maintenance of certification (every 2 years) a. Perform or supervise at least 25 CCUS exams every 2 years, which will be formally reviewed and tracked by the CCUS committee b. At least one CCUS-related CME activity annually ▪ Internal: UCSF CCUS longitudinal curriculum or course participation. ▪ External: to be reviewed and approved on case-by-case basis by the CCUS director.		
	C1 - Focused Cardiac Ultrasound, including a) Presence or absence of pericardial fluid b) Qualitative assessment of LV and RV size and function c) Assessment of inferior vena cava size and respiratory variation			
	C2 - Thoracic Ultrasound a) Evaluation for pneumothorax b) Evaluation of lung parenchyma for pulmonary edema/consolidation c) Evaluation for pleural effusion			
	C3 - Abdominal Ultrasound a) Focused abdominal sonography in trauma (FAST)			

	b) Evaluation of bladder volume and identification of hydronephrosis			
	C4 - Examination of vascular structures a) Evaluation of lower extremities for DVT b) Evaluation of abdominal aorta			
	D - Management of Extracorporeal membrane oxygenation (ECMO)	• Completion of an ACGME/AOA accredited training program in the relevant medical specialty. • Successful completion of an accredited fellowship in critical care medicine and/or current subspecialty certification or active participation in the examination process. • Core member of cardiac intensive care faculty group	Attestation by the Executive Medical Director, Adult Critical Care of ongoing, substantial involvement in the care of adult patients on ECMO (primary or co-management) of at least 10 patients per 12 months	(5) satisfactory ECMO patient management cases must be submitted to complete proctoring.
	E - Transesophageal Echocardiogram (TEE)	• Completion of an ACGME/AOA accredited training program in the relevant medical specialty. • Successful completion of an accredited fellowship in critical care medicine and/or current subspecialty certification or active participation in the examination process.	Minimum 20 procedures per 24-month period, with acceptable outcomes	(5) satisfactory directly observed TEEs must be submitted to complete proctoring
	F - ECMO Cannulation Privilege	---------- • Active credential for the management of extracorporeal membrane oxygenation (adult critical care medicine special privileges section D) • Completion of an approved simulation course (such as ELSO or Procirca) for the cannulation and initiation of peripheral percutaneous veno-venous (VV) and veno-arterial (VA) ECMO.		

		• Attestation and reference from Director/Chief/Chair of current ECMO Cannulation privileges, activity, and competency, OR for providers without independent ECMO cannulator privileges, case-log documentation of successful cannulation of at least 10 patients under the supervision of a credentialed ECMO cannulator. This must include at least: o 5 venous cannulations o 5 arterial cannulations o 5 distal perfusion catheter cannulations o 5 suture-mediated closure device (i.e. Perclose Pro Glide) deployments o 5 cannula-to-circuit connections Reappointment Criteria: ---------- Documentation of at least 10 percutaneous peripheral ECMO cannulations as cannulator or credentialed supervisor within the past 24 months with acceptable outcomes • Successful ongoing participation in continuous quality improvement related to the care of ECMO patients as approved by the Surgical Director of Mechanical Circulatory Support and Executive Medical Director for Adult Critical Care Proctoring Criteria: ---------- At least 10 directly supervised ECMO cannulations to complete proctoring.		
	CP - Consult Privileges Only			
	LPPHC - LPPHC - I'm applying for Courtesy Consultative Privileges at UCSF Langley Porter Psychiatric Hospital and Clinics (LPPHC)			

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