



**DERMATOLOGY**

**Kettering Medical Center  
Kettering Memorial Hospital/Sycamore Hospital**

**Clinical Privileges Profile/Special Procedures Request**

In requesting privileges in the section of Dermatology, I request privileges to manage all medial and minor surgical dermatologic problems, as well as those of medicine in general.

Please select the special procedures desired. Approval of privileges is based upon education, clinical training and demonstrated skills.

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	Skin/patch tests for delayed hypersensitivity	_____
_____	Skin biopsies	_____
_____	Excision of benign and malignant lesions	_____
_____	Electrosurgical removal of benign and malignant lesions	_____
_____	Cryosurgical removal of benign and malignant lesions	_____
_____	Moh's surgery for removal of malignant lesions	_____
_____	Laser surgery (specify type/s)	_____
_____	_____	_____
_____	Dermabrasion/salabrasion	_____
_____	Phototherapy	_____
_____	Grenz Ray therapy	_____
_____	Chemotherapy of psoriasis	_____
_____	Chemotherapy for cutaneous T-cell lymphoma	_____
_____	Other (please specify)	_____
_____	_____	_____

I agree with the delineation of privileges and will, under ordinary circumstances, practice under the conditions outlined. In case of emergency it may be necessary to render care outside of these parameters. I agree that when new techniques and skills are mastered, I shall request modification of my privileges.

\_\_\_\_\_  
Signature of Practitioner Date

\_\_\_\_\_  
Signature of Clinical Service Chief Hemant Shah, MD Date



## DERMATOLOGY

### **Kettering Medical Center Kettering Memorial Hospital/Sycamore Hospital**

#### **Clinical Privileges Profile**

1. Name: \_\_\_\_\_, MD/DO has made application for membership on the Professional Staff of Kettering Medical Center with privileges in Dermatology.
2. The dermatologist must have demonstrated the ability, under the observation of his peers, to assume full responsibility for all problems related to the specialty of Dermatology, including but not limited to, the medical management of patients with skin diseases, cutaneous surgery for benign and malignant lesions of the skin, cold knife, electrofulguration, and cryotherapy, topical and systemic chemotherapy for benign and malignant skin lesions.
3. Clinical privileges in Dermatology shall be defined as those standard, usual, and customary procedures appropriate to the diagnosis and treatment of any and all diseases encompassed by that specialty. The physician must be Board eligible or the equivalent thereof and completed a course of residency or equivalent course of training in dermatology.
4. Procedures not included in the description of general clinical privileges or special procedures indicated below in the physician clinical privileges profile may be performed in emergency situations even though not herein specified.
5. Physicians may request an extension or reduction of clinical privileges listed below at any time by submitting the designated "Application for Extension/Reduction of Privileges" to the Section/Clinical Service Chief and the Credentials Committee.
6. **Clinical Privileges Profile**  
Privileges for Dermatology shall include:  
Medical diagnosis and treatment of disease of the skin and any other procedure normally done by a dermatologist with appropriate training in this specialty.

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Signature of Practitioner

Date

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Approved: Clinical Service Chief

Hemant Shah, MD

Date

June 1989

(over)