



Printed Name

Clinical Privileges Profile Dermatology

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Department Chair/Chief]: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR DERMATOLOGY

To be eligible to apply for core privileges in dermatology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in dermatology.

AND

Current certification or active participation in the examination process [with achievement of certification within six years leading to certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of outpatient or consultative care, reflective of the scope of privileges requested, to at least 12 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in dermatology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and provision of care 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

DERMATOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia, and cutaneous glands) as well as sexually transmitted diseases. Assess, stabilize, and determine 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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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 for maintenance of clinical competence.

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

- Requested**

MOHS MICROGRAPHIC SURGERY

Criteria: Applicant must have completed an ACGME- or AOA-accredited residency program in dermatology that included MMS training or an approved MMS fellowship training program, or must hold a certificate of added qualifications in MOHS Micrographic Surgery by the American Osteopathic Board of Dermatology.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 100 MMS procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of 200 MMS procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to MMS may be required.

- Requested**

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Dermatology

1. Botulinum toxin injection
2. Chemical face peels
3. Collagen injections
4. Cryosurgery
5. Dermabrasion
6. Diagnosis and treatment of skin cancers, moles, and other tumors of the skin
7. Electrosurgery
8. Excision of benign and malignant tumors with simple, intermediate and complex repair techniques including flaps and grafts
9. Interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes
10. Management of contact dermatitis, allergic and nonallergic skin disorders, skin manifestations of systemic (including internal malignancy), and infectious diseases
11. Management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging
12. Patch tests
13. Perform history and physical exam
14. Scalp surgery
15. Sclerotherapy
16. Skin and nail biopsy
17. Soft tissue augmentation

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____

Date: _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Director's action **Date:** _____