

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**  
**Allergy and Immunology**  
**Delineation of Privilege Form**  
Page 1 of 1

Name: \_\_\_\_\_

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

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges</b>				
Admit and treat on the condition / problem requiring skills or knowledge obtained at the level of subspecialty training in allergy and immunology				
Consult and treat on the condition / problem requiring skills or knowledge obtained at the level of subspecialty training in allergy and immunology				
ICU / CCU privileges for admission, treatment and / or consultation of the allergy and immunology subspecialty needs of the patient				
Diagnosis and management of allergic, asthmatic and immunologic diseases				
Performance and interpretation of skin tests				
Performance and interpretation of pulmonary function tests				
Performance and interpretation of oral, nasal and bronchial provocation tests				
Performance and interpretation of in vitro methods				

**Acknowledgment of Practitioner:**

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date