

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**

**Dermatology**

**Delineation of Privilege Form**

Page 1 of 2

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

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

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges</b>				
Admit, treat and / or consult on condition requiring skills or knowledge obtained at the level of subspecialty training in dermatology				
ICU/CCU privileges for the admission, treatment and/or consultation of the general medical needs and / or subspecialty needs of the patient.				
Consult and treat on condition / problem requiring skills or knowledge obtained at the level of subspecialty training in dermatology				
Clinical Dermatology				
Cutaneous patch testing, allergy and immunology				
Cryotherapy				
Dermatopathology				
Electrosurgery				
Medical problems related to cutaneous disease				
Microbiology (mycology, bacteriology, virology, parasitology)				
Ultraviolet light				
Venereology				
Physiotherapy of skin lesions				
<b>Minor Dermatologic Surgical Procedures</b>				
Curettage				
Punch biopsies				
Shave excisions				
Simple elliptical incisions				

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Page 2 of 2

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		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency or other acceptable advanced training</b>				
Dermatologic Plastic Surgical Procedures				
Pinch grafts				
Dermabrasion				
Mohs surgery				
Chemical peeling procedures				
Tattoo removal				

**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**