

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Hematology

Delineation of Privilege Form

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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Admit and treat and / or consult on the medical needs of adolescent and adult patients				
ICU/CCU privileges for the admission, treatment and/or consultation of the medical needs of the patient				
Outpatient management of the medical needs of adolescent and adult patients				
Core procedures to include drawing venous and arterial blood, pap smear and endocervical culture; placement of peripheral venous line				
Interpretation of EKGs, chest x-rays and other plain x-rays				
Ventilator management < 48 hours				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency or other acceptable advanced training				
Moderate Sedation- Criteria for Approval: must be competent in airway management				
Other Procedures: provide evidence of current competence for each of the following procedures:				
Arthrocentesis				
Central venous line placement				
Paracentesis				
Thoracentesis				
Lumbar puncture				
Nasogastric intubation				
Incision and drainage of abscess				

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		Recommended	Not Recommended	Conditions (provide explanation)
Category II Privileges: Hematology				
Consult and treat on the condition / problem requiring skills or knowledge obtained at the level of subspecialty training in hematology				
Diagnosis and management of malignant and non-malignant diseases of the blood, blood-forming organs and lymphatic tissue				
Chemotherapy, systemic for hematologic malignancies				
Intrathecal chemotherapy				
Preparation and interpretation of films of blood and bone marrow				
Bone marrow biopsy and aspiration				
Plasmaphoresis				

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; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date