

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
House Officer
Delineation of Privilege Form
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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Hold in Abeyance (provide explanation)
Category I Privileges				
First assist in the OR on specific non-routine cases as requested				
Patient evaluation, pre-operative				
Patient evaluation, post-operative				
Surgical consultations				
Emergency treatment of shock, respiratory distress, hemorrhage, wound dehiscence				
Cast removal				
Central catheter placement (IJ, subclavian, femoral, antecubital)				
Pulmonary artery catheter placement				
Cutdown (venous)				
Arterial catheterization				
Tube thoracostomy				
NG tube placement				
Foley catheter placement				
Suturing of minor wounds				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training				
Cardiopulmonary resuscitation (BLS certification required)				
Intubation (endotracheal / nasotracheal)				
Moderate Sedation- Criteria for Approval: must be competent in airway management				

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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