

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
TELEMEDICINE – ICU / CCU**

Name: _____

Date: _____

To be eligible to apply for telemedicine ICU privileges	Minimum formal training: As required per the UMMC Midtown Campus Medical Staff Bylaws (e.g. Board Certification requirement) and successful completion of a critical care fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA); or recognized by the American Board of Medical Specialties (ABMS).
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Privilege	Applicant Check (✓) if requested	Department Chief (Initial)	
		Recommended	Conditions
Medical evaluation, monitoring, management and treatment of patients in the intensive care unit exclusively via telemedicine techniques from a remote access.			
Access the patient's clinical database as may be necessary to permit clinical evaluation, decision making and recommendations or orders.			
Monitor and manage devices such as pacemakers, ventilators, pulmonary artery catheters and central venous lines in collaboration with the attending physician or designee.			

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

Applicant's Signature

Date