UNIVERSITY OF MARYLAND MEDICAL SYSTEM
Department of Family Medicine
Delineation of Privilege Form

Applicants for membership in the Department of Family Medicine of the University of Maryland Medical System may request admission to the Active staff or the Courtesy staff.

Please indicate the Staff Category to which you wish to apply: *(refer to Medical Staff Bylaws for qualifications)*

_____ **Active** _____ **Courtesy**

Name: _____ **Date:** _____

Board Certification Status: **American Board of** _____ _____ **Yes** **Year:** _____
_____ **Eligible until:** _____
_____ **No**
Other Boards: _____ _____ **Yes** **Year:** _____
_____ **Eligible until:** _____
_____ **No**

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval** Initial if Yes Write Not Approved if No
Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. ***Approved per the Medical Staff Bylaws***	√*	**Yes**
Category I - Core Privileges: To be eligible for core privileges, applicants must have completed an ACGME approved Family Practice residency program *and be Board Certified or a candidate for Board Certification.* **Core privileges are as follows:**		
Adult Medical Care (Includes diagnostic and therapeutic care of any adult medical admission to the Family Medicine Inpatient Service. When indicated, consultation from other specialties and sub-specialties may be obtained to assist in the care of severely or unusually ill patients. Privileges in the Medical ICU and CCU are not included in Family Medicine privileges; these may be arranged on an individual basis with the consent of the Department of Internal Medicine.		
Infant, Child and Adolescent Care (Includes newborn care for infants over 2,000 grams, the diagnostic and therapeutic care of general pediatric medical admissions, and the care of patients on the adolescent unit. Consultations from the Department of Pediatrics or from other specialties may be requested for patients with unusual, complicated or severe illnesses. Privileges in the Neonatal ICU and the Pediatric ICU are not included in Family Medicine privileges; these may be arranged on an individual basis with the consent of the Department of Pediatrics.		
Obstetrical Care (Includes routine prenatal care, peri-partum, and post-partum care) Consultation from the Department of OB/GYN should be requested for patients with complicated, unusual or difficult obstetric problems in accordance with the standard protocol.		
Bone Marrow Aspiration and/or Biopsy		
Circumcision (Child < 6 weeks age)		
Colposcopy and Cervical Biopsy		
Endometrial Biopsy		
Flexible Sigmoidoscopy		
Flexible Sigmoidoscopy with Biopsy		
Pediatric Bladder Aspiration		
Lumbar Puncture Newborn (Age < 5 days)		
Injection of Major Joints (Shoulder, Knee, Ankle)		

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Name: _____ **Date:** _____

Privilege/Operative Procedure	**Check (√) if Requested**	**Chair Approval** **Initial if Yes** **Write Not Approved if No**
Category II: to be eligible for Category II privileges, applicants must have completed an ACGME approved Family Practice residency program, *be Board Certified or a candidate for Board Certification*, and provide documentation as to course work and recent experience. **Category II privileges are as follows:**		
Flexible Nasolaryngoscopy		
Management of Labor & Cephalic Delivery		
Pleural Biopsy (Adult)		
Vacuum Assisted Vaginal Delivery		
Vasectomy		
Category III: to be eligible for Category III privileges, applicants must have completed an ACGME approved Family Practice residency program, *be Board Certified or be a candidate for Board Certification, and have completed fellowship.* **Category III privileges are as follows:**		
Acupuncture		
Outlet Forceps Vaginal Delivery ***(Requires Joint Approval with Dept of OB/GYN)***		
Category IV: Special/Cross Disciplinary Procedures:		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). *(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)*		
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon		
Nd-Yag		
Other: _____		
Ultrasound Procedures (please list)		

_____ _____
Applicant's Signature Date

_____ _____
Chairman, Department of Family Medicine Date

_____ _____
Chairman, Department of OB/GYN (if applicable) Date

_____ _____
Applicant's Confirming Signature Date
(required if any requested privilege is not approved)

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