

**UNIVERSITY OF MARYLAND MEDICAL CENTER**  
**Delineation of Privilege Form for Infectious Disease Subspecialty**  
**Department of Medicine, Division of Infectious Diseases**

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

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

**Please indicate the Staff Category to which you wish to apply:** Applicants for membership in the Department of Medicine, Division of Infectious Diseases of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff. (refer to Medical Staff Bylaws for qualifications) \_\_\_\_\_ **Active** \_\_\_\_\_ **Courtesy**

Privilege/Operative Procedure	Check ( √ ) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category 0: In the case of an emergency</b> , 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. <i>*Approved per the Medical Staff Bylaws</i>	√*	Yes
<b>Core Privilege/Minor Surgical Procedures</b> To be eligible for core privileges, applicants must have completed an ACGME approved Internal Medicine residency program and be Board Certified, a candidate for Board Certification or equivalent. To be eligible for minor surgical procedures, applicants must have had additional course work and/or to continue to perform or supervise procedures on routine bases.		
<b>Core Privileges in Ambulatory Care:</b> <i>(note for malpractice coverage, you should check off all outpatient procedures you require regardless of site of performance)</i>		
<b>Category IA: Outpatient/Ambulatory Services:</b> Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: <ul style="list-style-type: none"> <li>• General patient examination and care involving observation, assessment, planning, implementation and evaluation.               <ul style="list-style-type: none"> <li>○ Including but not limited to: Pap Smears, simple incision and drainage, wound culture, penicillin skin testing</li> </ul> </li> <li>• Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs.               <ul style="list-style-type: none"> <li>○ Including interpreting Fibroscan (impedance testing) results</li> </ul> </li> <li>• Performs Preventative health care counseling and instructs patients and/or families on treatment plans.</li> </ul>		
<b>Category IB: Outpatient/Ambulatory w/Consented Procedures:</b> Privileges include ambulatory core <b>Category IA</b> privileges as listed above in addition to: anoscopy and/or colposcopy with biopsy and ablation, lumbar puncture, arthrocentesis		
<b>Core Privileges in Hospital Care:</b> <i>(note for malpractice coverage, you should check off all inpatient procedures you require regardless of site of performance)</i>		
<b>Category IA - Core Privileges for Consultant Physicians:</b> Core privileges include but are not limited to electrocardiogram review, open wound culture, simple incision and drainage of abscess for culture, penicillin skin testing, and e-consultation.		
<b>Category IB: Core Privileges for Attending Physicians providing direct patient care (ward/service attending) requiring performing or supervising consented procedures to include:</b> Hospital Care Core Category IA privileges as listed above in addition to inserting central venous catheters, gastric intubation, thoracentesis, paracentesis, lumbar puncture, insertion of arterial line and arthrocentesis.		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Confirming Signature  
*(required if any requested privilege is not approved)*

\_\_\_\_\_  
Date