

**UNIVERSITY OF MARYLAND MEDICAL SYSTEM**  
**Department of Pediatrics**  
**Delineation of Privileges**

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

Board Certification Status: American Board of Pediatrics \_\_\_\_\_ Yes Year: \_\_\_\_\_  
 \_\_\_\_\_ Eligible until: \_\_\_\_\_  
 \_\_\_\_\_ No \_\_\_\_\_  
 Other Boards: \_\_\_\_\_ Yes Year: \_\_\_\_\_  
 \_\_\_\_\_ Eligible until: \_\_\_\_\_  
 \_\_\_\_\_ No \_\_\_\_\_

**NOTE: Privileges marked with an asterisk (\*) also require approval of Moderate Sedation privilege (under Category 4).**

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category 0:</b> 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
<b>Category I - Core Privileges:</b> To be eligible for core privileges, applicants must have completed an ACGME approved Pediatric residency program or equivalent and be Board Certified or a candidate for Board Certification. Category I privileges include, but are not limited to, illness or problems requiring skills usually acquired during pediatric residency training, care of normal newborn infant more than 2000g, and care of newborn with significant neonatal problems or illness not requiring intensive care setting.		
<b>Category I - Minor Surgical Procedures:</b>		
1. Circumcision of newborn		
2. Peripheral venous cut-down *(if patient not on ventilator)		
3. Myringotomy		
4. Umbilical Artery & Vein Catheterization		
5. Simple fractures and dislocations *		
<b>Category II:</b> to be eligible for Category II privileges, applicants must have completed an ACGME approved Pediatric residency program, be Board Certified and have completed fellowship training in Emergency Medicine, Critical Care Medicine, or Neonatal/Perinatal Medicine, or provide documentation as to course work and recent experience. Category II privileges are as follows: Complex or severe illness and those with immediate or serious threat to life generally requiring admission to intensive care setting. (Includes Category I Privileges)		
<b>Category III:</b> to be eligible for Category III privileges, applicants must have completed an ACGME approved Pediatric residency program, be Board Certified or a candidate for Board Certification, and have completed the appropriate fellowship or provide documentation as to course work and recent experience. Category III privileges are for illness or problems requiring expertise or techniques usually acquired during pediatric subspecialty training in the following: (Includes Category I Privileges)		
1. Adolescent Medicine		
2. Allergy/Immunology		
3. Behavioral & Developmental Pediatrics		
4. Cardiology		
4a. Cardiac Catheterization *		
4b. Angiography and lymphangiography *		
4c. Cardioversion *		

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
5. Endocrinology		
6. Gastroenterology		
6a. Endoscopic Privileges (Separate Endoscopic Privilege Form Required) *		
6b. Per-oral Biopsy *		
6c. Hepatic Biopsy *		
7. Genetics		
7a. Skin Biopsy		
8. Hematology/Oncology		
8a. Bone Marrow Aspiration *		
9. Infectious Disease		
10. Nephrology		
10a. Hemodialysis (excludes insertion of shunt)		
10b. Peritoneal Dialysis		
10c. Renal Biopsy *		
11. Neurology		
11a. Myelography		
11b. Pneumoencephalography and ventriculography *		
11c. Cerebral angiography *		
11d. Cisternal Puncture *		
11e. Subdural puncture *		
12. Pulmonary Medicine		
12a. Bronchography *		
12b. Bronchoscopy *		
12c. Lung Biopsy *		
13. Other: _____		
<b>Category IV: Special/Cross Disciplinary Procedures:</b>		
<b>Moderate (Conscious) Sedation - Criteria for Approval:</b> 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). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral &amp; Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
Other: (please list)		

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Steven J. Czinn, MD Chairman, Department of Pediatrics

\_\_\_\_\_  
Date

*Required if any requested privilege is not approved*

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

\_\_\_\_\_  
Date