

Delineation Of Privileges

Surgical Fellowship Privileges

Provider Name:				
Privilege		Requested	Deferred	Approved
CORE PRIVILEGES - SURGICAL FELLOWSHIP: <u>Criteria</u> : Board certification or qualified for certification by the American	Board of Surgery;	OR, comp	oletion of	a ACGME
or AOA Surgery Residency Program.	<i>5 7</i> ,	, ,		
GENERAL PRIVILEGES: Includes the management and coordination of care, treatment and service Medical History and Physical Examinations; Consultations and prescribing accordance with DEA certificate.				
Co-Admitting privileges				
Surgical Assist Privileges				
ACKNOWLEDGEMENT OF THE PRACTITIONER: I have requested only those privileges for which my education, training, cuperformance I am qualified to perform, and that I wish to exercise at Hunti exercising my clinical privileges granted, I am constrained by hospital and regenerally and any applicable to the particular situation; b) any restriction of waived in an emergency situation and in such a situation my actions are go Medical Staff Bylaws or related documents.	ington Hospital, a medical staff polic on the clinical priv	nd I under cies and ru rileges gra	rstand tha lles applic nted to m	able e is
Signature of Applicant:	Date:			
DEPARTMENT CHAIR RECOMMENDATIONS				
I have reviewed the requested clinical privileges and supportive document recommend action on the privileges as noted above.	ation for the abo	ve named	applicant	and
Applicant may perform privileges and procedures as indicated:YES	NO			
Exceptions/Limitations (Please Specify):				
APPROVALS:				
Section Chair: Da	te:			
Department Chair: Da	ite:			



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Provider Name:				
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Credential Committee Date:				
Medical Executive Committee Date: _				
Board of Directors Approved on:				