



Delineation of Privileges
Department of Medicine
Allergy/Immunology

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:		
<ul style="list-style-type: none"> Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate. Successful completion of an ACGME or AOA-accredited residency/fellowship in allergy/immunology. Current certification or active participation in the examination process leading to certification in Allergy/Immunology by the American Board of Allergy and Immunology or the American Osteopathic Board of Internal Medicine. 		
CATEGORY I: CORE PRIVILEGES		
Core Privileges/Procedures include:	Requested	Approved
<ol style="list-style-type: none"> 1. Admit patients, order diagnostic/therapeutic services, write orders/progress notes in patient charts, request/provide consultation, and render any care in life threatening emergency. 2. Comprehensive examination, consultation, diagnosis and treatment of disorders of the immune system for adult and pediatric patients. 3. Core procedures include diagnostic skin/challenge testing for immediate hypersensitivity disorders, Methacholine challenge for determination of airway hyper-reactivity, delayed skin testing for immune deficiency diseases, desensitization testing, and infusion of replacement procedures for immune deficiency diseases. 		
CATEGORY II: SPECIAL PROCEDURES		
<i>Procedures that may not be part of residency/fellowship training and may require proof of additional training or experience.</i>	Requested	Approved
1. Diagnostic fiberoptic rhinolaryngoscopy		
Other:		
1.		
2.		
3.		

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges. Category II privileges cannot be requested or approved without requesting and approving Category I Core privileges

Physician Signature

Date

APPROVAL:

Chief of Medicine

Date