



**Delineation of Privileges
Department of Medicine
DERMATOLOGY**

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:

- 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 dermatology.
- Current certification or active participation in the examination process leading to certification in Dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

CATEGORY I: CORE PRIVILEGES

Core Privileges/Procedures <i>include:</i>	Requested	Approved
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 dermatologic disorders including: dermatitis, acne, verrucae, superficial fungal infections, cutaneous viral infections, cutaneous infestations (e.g., lice, scabies), pyodermas, drug eruptions, contact dermatitis, common dermatoses (e.g., psoriasis, lichen planus), routine venereal diseases, uncomplicated skin cancer, routine benign skin tumors, advanced and complicated venereal disease, unusual cutaneous infection (e.g., leprosy, deep fungal), cutaneous manifestations of internal disease.		
3. Core diagnostic tests include Darkfield microscopy, Tzanck smear, fungal culture, scabie prep, postassium hydroxide testing, patch testing, Wood's light examination, gram stain, and photo testing.		
4. Core procedures include punch biopsy, uncomplicated excisions, curettage, shave biopsy and excision, basic electrosurgery, basic cryotherapy for benign conditions, advance cryotherapy, Immunodermatology, treatment of advanced/complicated skin cancer.		

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. Mohs micrographic surgery		
2. Sedation Analgesia (complete additional form)		
Other (please list)		
1.		

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 Name

Date

APPROVAL:

Chief of Medicine

Date