



**Delineation of Privileges
Department of Medicine
FAMILY MEDICINE**

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 Family Practice/Medicine.
- Current certification or active participation in the examination process leading to certification in Family Practice by the American Board of Family Medicine or the American Osteopathic Board of Family Practice.

CATEGORY I: CORE FAMILY PRACTICE PRIVILEGES

Core Privileges/Procedures - FAMILY MEDICINE	Requested	Approved
1. Admit adult and pediatric patients, order diagnostic/therapeutic services, write orders/progress notes in patient charts, request/provide consultation, and render any care in life threatening emergency. 2. Treatment of children under the age of 16 without major complications or serious life-threatening disease. 3. Treatment of patients from age 16 through old age through all stages of acute and chronic medical illness. 4. Core procedures include I&D abscess, skin biopsy, skin laceration repair, lumbar puncture, and medical cardioversion.		

CATEGORY II: SPECIAL PROCEDURES

Special Family Medicine procedures <i>which will require additional documentation of training/experience which should be attached to this request. PLEASE INDICATE IF REQUESTING FOR EMERGENCY ONLY!</i>	Requested	Approved
1. Gastroscopy		
2. Proctoscopy		
3. Flexible Sigmoidoscopy		
4. Esophagoscopy		
5. Bone marrow		
6. Graded exercise stress testing		
7. Thoracentesis		
7. Paracentesis		
8. Joint aspiration		
9. Umbilical catheterization		
10. Circumcision of infants		
11. Patient management in Critical Care Units		

OTHER PROCEDURES REQUESTED

Please list (include documentation of training and experience)	Requested	Approved
1.		
2.		

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