



**Delineation of Privileges
Department of Medicine
HEMATOLOGY - ONCOLOGY**

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 hematology and/or oncology.
- Current certification or active participation in the examination process leading to certification in Hematology and/or Oncology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

CATEGORY I: CORE PRIVILEGES

General:	Requested	Approved
1. Admit patients 16 years and older, order diagnostic/therapeutic services, write orders/progress notes in patient charts, request/provide consultation, and render any care in life threatening emergency.		

Core Privileges/Procedures - ONCOLOGY	Requested	Approved
1. Diagnosis, evaluation, and treatment of oncologic disorders and management of immuno-compromised patients. 2. Core procedures include marrow aspiration and biopsy and interpretation of aspirate, management and care of indwelling access catheters, administration of chemotherapeutic agents intravenously, intrathecally, intrapleurally, and intraperitoneally.		

Core Privileges/Procedures - HEMATOLOGY	Requested	Approved
1. Diagnosis, evaluation and treatment of hematologic disorders and management of immunocompromised patients. 2. Core procedures include bone marrow aspiration and biopsy, preparation/interpretation of peripheral blood smears and bone marrow aspirates, administration of chemotherapy intravenously, intrathecally, intrapleurally, and intraperitoneally, phlebotomy, management and care of indwelling catheters, and bleeding time studies.		

CATEGORY II: SPECIAL PROCEDURES

<i>Special procedures which may require documentation of additional training/experience:</i>	Requested	Approved
1. Medical Cardioversion		
2. Thoracentesis		
3. Paracentesis		
4. Joint Aspiration - specify joint(s):		
5.		
6.		
7.		
8.		

Name: _____

CATEGORY III: CRITICAL CARE PROCEDURES		
Special advanced critical care procedures <i>which will require additional documentation of training/experience.</i>	Requested	Approved
1. Patient management in the critical care units		
2. Swan-Ganz catheter placement		
3. Temporary pacemaker insertion		
4. Arterial cannula placement		
5. Endotracheal intubation		
6. CVP line placement		
7. Ventilatory support management		
8. Chest tube insertion		
9. Cut Down		
OTHER PRIVILEGES		
Please specifically list any additional privileges or procedures you are requesting (if you still practice Internal Medicine, request Internal Medicine privilege list):	Requested	Approved
1.		
2.		
3.		
4.		
5.		
6.		

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 and III privileges cannot be requested or approved without requesting and approving Category I Core privileges.

 Physician Signature

 Date

APPROVAL:

 Chief of Medicine

 Date