

Privileges for: Infectious Disease

Request

ST. ELIZABETH - EDGEWOOD
ST. ELIZABETH - FLORENCE
ST. ELIZABETH - FT. THOMAS
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, February 27, 2014; BOARD approval 9/14/2009, May 5, 2014

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

_____ Department/Section Chair Signature _____ Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in Internal Medicine.

Successful completion of an approved fellowship program in infectious diseases including 12 months of specific clinical training.

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in infectious disease include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

_____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course

_____ Anesthesia Section Chair _____ Date

_____ Admit patients; perform histories and physicals; and evaluate, diagnose, consult and provide care to patients with acute and chronic infectious or suspected infectious or immunologic diseases, underlying diseases that predispose to unusual severe infections. Procedures include microscopic evaluation of diagnostic specimens including preparation, staining and interpretation; administration of antimicrobial and biological products via all routes; aspiration of superficial abscesses; and lumbar puncture.

Applicants Signature: _____ Date: _____