1ay 27, 2014	St Elizabeth Healthcare
Privileges for:	Nephrology
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, Rev. 2/27/2014  Board Approval: September 14, 2009, Rev: 5/5/2014
	DEPARTMENT APPROVALApprovedDisapproved
ı	Department/Section Chair Signature  Date
	MINIMUM REQUIREMENTS  Degree required: MD or DO
,	Successful completion of an ACGME/AOA accredited residency training program in internal medicine and an approved two-year fellowship training program in nephrology.  Note: For Practitoners (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 nephrology 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; evaluate, diagnose, consult and provide care to patients presenting with illnesses and disorders of the kidney and high blood pressure and for fluid and mineral balance and dialysis of body wastes, as well as to assess, stabilize. Privileges include, but are not limited to acute and chronic hemodialysis; continuous renal replacement therapy; percutaneous biopsy of autologous and/or transplanted kidneys; peritoneal dialysis; placement of temporary vascular access for hemodialysis and related procedures. - 90935, 90937, 90945, 90947

Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

Central Vein Cannulation

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	II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. 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.
	DESCRIPTION OF ADDITIONAL PRIVILEGES
	Medical management of kidney transplantation, including evaluation of recipients/donors, diagnosis and treatment of rejection, and diagnosis and treatment of disorders of transplant function.
Applicants Sig	gnature: Date: