

Privileges for: Sleep Medicine

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: June 24, 2010, Revised February 27, 2014;
 BOARD Approval: September 13, 2010, Rev. 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

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.

For Physicians Who Were Members In Good Standing on the Medical Staff of The St. Luke Hospitals or St. Elizabeth Medical Center On or Before March 2, 2009: Such Members who desire Sleep Medicine Privileges must satisfy one of the following three criteria:

- a. Be and remain board certified in Sleep Medicine; or
- b. Become and remain board certified within six years* of completion of their post-graduate medical training in sleep; or

Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable.

* Advisory Note: In order to qualify to take the boards in Sleep Medicine, an applicant must have completed an approved sleep fellowship program or possess substantial experience and qualify to take the board examination before February 2011.

PRIVILEGES REQUESTED

I. Core Privileges: Core privileges in Sleep Medicine 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

_____ Evaluate and refer patients with conditions or disorders of sleep for sleep studies (EXEMPT from board certification requirement)

_____ Admit patients, perform histories and physicals, evaluate, diagnose, provide consultation and treat patients of all ages presenting with conditions or disorders of sleep (e.g., sleep-disordered breathing, circadian rhythm disorders, insomnia, parasomnias, narcolepsy, and restless leg syndrome). Core privileges include actigraphy; home/ambulatory testing for sleep disorders; maintenance of wakefulness testing; monitoring with interpretation of EKG, EEG, EOG, EMG+, flow O2 saturation, leg movements, thoracic and abdominal movement, CPAP and BiPAP titration; multiple sleep latency testing; oximetry; administration of polysomnograms (including sleep stage scoring) and sleep log interpretation.

Privileges for: Sleep Medicine

Request

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ Date: _____