Privileges in Oncology

Name:

Instructions:

1. Click the **Request** checkbox to request a group of ***Core Privileges.***
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications	
Education/Training	Successful completion of an ACGME or AOA-accredited fellowship in oncology and/or hematology or foreign equivalent training. **AND** Current certification or active participation in the examination process leading to certification in oncology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board. **AND** Documentation or attestation of the management of oncologic problems for at least 50 inpatients or outpatients during the past two years
FPPE Chart Review	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS 5 chart reviews - Core; Administration of Moderate Sedation; Fine Needle Aspiration of Tumor Mass; Diagnostic flexible fiberoptic Nasopharyngolaryngoscopy 10 cases if not previously supervised - Fine Needle Aspiration of Tumor Mass 3 chart reviews - Central Venous Catheter Insertion
FPPE Direct Supervision	10 procedures - Diagnostic flexible fiberoptic Nasopharyngolaryngoscopy

Provide care on LPCH patients in specific areas of SHC

Request	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
☐		☐
	Additional Request	
☐	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	☐

Core Privileges

Request	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
☐		☐
	Privileges included in the Core:	
☐	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment or consultative services to patients of all ages presenting with malignant tumors. Additional core privileges include:	☐
☐	Bone marrow aspirations and biopsy	☐
	Incisional and excisional skin biopsy	
☐	Administration of chemotherapy agents and biological response modifiers through all therapeutic routes	☐
☐	Management and maintenance of indwelling venous access catheters	☐
☐	Paracentesis	☐
☐	Thoracentesis	☐
☐	Lumbar Puncture	☐
☐	Outpatient management of hematology patients	☐

Qualifications

Renewal Criteria

Minimum 50 Core cases required during the past 2 years
Maintain current certification or active participation in the examination process leading to certification in oncology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec ☐
☐	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	☐
☐	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	☐
☐	Treatment of patients in outpatient clinics at Stanford Health Care [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	☐
☐	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	☐
☐	Fine Needle Aspiration of Tumor Mass [CRITERIA - Initial - Either Direct supervision of 10 procedures by a physician credentialed for the procedure by SHC -OR- Direct Supervision through proctoring. Renewal - Minimum 20 cases required during the past 2 years]	☐
☐	Diagnostic flexible fiberoptic Nasopharyngolaryngoscopy [CRITERIA - Initial - Direct supervision of 10 procedures by a physician credentialed for the procedure by SHC. Renewal - Minimum 20 cases required during the past 2 years]	☐
☐	Central Venous Catheter Insertion Must complete "Getting to Zero" educational module and 10 procedures within the previous 2 years - Case log required - Initial only.]	☐

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

____ ____________________

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date