

## **SPECIALTY OF EMERGENCY MEDICINE**

### **Delineation of Clinical Privileges**

#### **Criteria for granting Emergency Medicine (EM) privileges:**

**Class I - Second ED Physician Coverage (Double Coverage Only Physicians)** - These physicians can only work in double coverage environments (alongside Class II or III EM physician) at Methodist North, South, Germantown or Olive Branch. They may only work the middle/day shift. They can never be the only staff physician in attendance. The physician must have a current ACLS and PALS certification. A Class I Physician must become board certified in his/her specialty within 5 years of completion of residency.

- Physicians who have completed University of TN Memphis Residency programs of Internal Medicine or Internal Medicine/Pediatrics are eligible immediately out of residency to work in double coverage environments (alongside Class II or III EM physician) at Methodist North, South, Germantown or Olive Branch.  
He/she may only work the middle/day shift.  
An excellent performance rating during EM residency rotations in MLH adult hospitals and recommendation from MLH adult hospital Emergency Department Medical Director is required.  
Once he/she has successfully completed 3,000 hours of EM experience he/she may proceed to Class II EM privileges.  
**Or**
- Physicians who have completed a non-University of TN residency in either Internal Medicine or Internal Medicine/Pediatrics and are board certified or board eligible in their respective specialties must have 1500 hours of EM experience within the previous 2 years prior to hire. He/she is eligible to work in double coverage environments (alongside Class II or III EM physician) at Methodist North, South, Germantown or Olive Branch.  
He/she may only work the middle/day shift.  
Once he/she has successfully completed 3,000 hours of EM experience he/she may proceed to Class II EM privileges.  
**Or**
- Any existing non-ACGME fellow who successfully completes the current MHMH EM non-ACGME Preceptee program, who has no quality issues, and meets all the regulations agreed upon and approved by the Medical Executive Committee is eligible to work in double coverage environments (alongside Class II or III EM physician) at Methodist North, South, Germantown or Olive Branch.  
He/she may only work the middle/day shift.  
Once he/she has successfully completed 3,000 hours of EM experience he/she may proceed to Class II EM privileges.  
**OR**
- Moonlighters: Residents/Fellows in the final year of an ABMS Emergency Medicine training program are eligible to work in double coverage environments (alongside Class II or III EM physician) at Methodist North, South, Germantown or Olive Branch at the discretion of EM residency/fellowship program director. Moderate Procedural Sedation is a core privilege for Class I EM Moonlighters. Once residency/fellowship is completed, physicians in this group are eligible for Class III privileges. No didactic course or case log requirements shall apply to this group.

#### **Prior to consideration for Class II status, all Class I physicians shall meet the following criteria:**

- 1) Completion of 3000 hours of EM experience within the past three years.
- 2) 10% of the physician's EM charts will be reviewed monthly for quality assurance by his/her respective EM medical director. These data will be presented to the Credentials Committee quarterly.
- 3) Didactic (course) training requirements to be completed within the first three months of hire:
  - a. Attend a one week long American College of Emergency Physician's (ACEP) Board Review course (with 90% attendance of all lectures) every 18 months until they meet Class II requirements.
  - b. Complete APEX training modules (currently, Impulse for Cardiology and Hemispheres for neurology).
- 4) Maintain logs for all EM Procedures. Procedures will include, but are not limited to:
  - a. Moderate Sedation (not eligible for Deep Sedation)
  - b. Adult intubations

- c. Pediatric intubations
- d. Central venous line catheterizations
- e. Adult chest tube insertions

#### **Class II**

- Physicians may have privileges in Emergency Medicine if they are board certified by the American Board of Family Medicine, General Surgery, or Internal Medicine, or the American Osteopathic Board of Family Practice, General Surgery, or Internal Medicine. They must have 3000 hours of comparable Emergency Department experience over the previous three years and have current ACLS and PALS certification.

#### **Or**

- Physicians requesting advancement from Class I to Class II must meet the required criteria referenced above: Completion of 3000 hours of EM experience, 10% of the physician's EM charts have been reviewed monthly for quality assurance by his/her respective EM medical director, didactic (course) training requirements completed within the first three months of hire as a Class I, provide case logs for all EM procedures performed in an MLH facility, be board certified in his/her specialty within 5 years of completion of residency, and have current ACLS and PALS certification.

#### **Class III**

- Physicians must have current Board certification in Emergency Medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

#### **Or**

- Successful completion of ACGME or AOA accredited post-graduate training program in Emergency Medicine and Board certification within 5 years of completion.

#### **Criteria for granting Emergency Medicine Pediatric privileges:**

**Class I - Second ED Physician Coverage (Residents/Fellows Only)** - These physicians can only work in a double coverage situation. They can never be the only staff physicians in attendance.

- Applicants must be in their final year of post-graduate training and remain active in an ACGME or AOA accredited program in Pediatrics, Internal Medicine/Pediatrics or Emergency Medicine. In addition, the applicant must have the approval of their training program director, and the approval of the Medical Director of Emergency Services. Applicants will provide documentation of successful current completion of PALS certification.

#### **OR**

- Fellows in an ABMS Pediatric Emergency Medicine training program are eligible to work in double coverage environments (alongside Class III EM physician) at Le Bonheur at the discretion of Peds EM fellowship program director. Fellows in this program are not eligible for Class II. Once fellowship is completed, physicians in this group are eligible for Class III privileges. No didactic course or case log requirements shall apply to this group.

#### **Class II**

- **Second ED Physician Coverage (Double Coverage Only Physicians)** Applicants must have current board certification in Pediatrics, Internal Medicine/Pediatrics or Emergency Medicine. Applicants will provide documentation of successful current completion of PALS certification. **Class II physicians may serve as attending(s) in the urgent care center or non-emergency acute care setting. They may serve only as double coverage attending(s) in the Emergency Department.**

#### **Or**

- Successful completion of an ACGME, or AOA accredited post graduate training program in either Pediatrics, Internal Medicine/Pediatrics, Emergency Medicine or Pediatric Emergency Medicine or and board certification within 5 years of completion.

#### **Class III**

- Current board certification in Pediatric Emergency Medicine by the American Board of Pediatrics, or the American Board of Emergency Medicine.

#### **Or**

Board approved: March, 2011, Revised: 6/17/13, 4/16/14, 7/31/14, 6/21/17, 11/20/19, 5/20/2020

- Successful completion of an American Board of Pediatrics or ACGME accredited post graduate training program in Pediatric Emergency Medicine or Pediatrics/Emergency Medicine and boards within 5 years.

**Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.**

### **Current Clinical Competence - MLH**

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

### **Current Clinical Competence: Requirements for New Applicants**

- If applying directly from training, or based on the training received in a formal training program, provider should submit case\* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

### **Current Clinical Competence: Maintenance of Privileges for Current Members**

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.

- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

### **Case Logs**

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

\*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

### **Ongoing Professional Performance Evaluation (OPPE)**

OPPE Is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies ) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<p><b>Emergency Medicine Core</b></p>	<p><b>Class I</b>            Current ACLS and PALS certification.  <b>And</b>            Physicians who have completed University of TN Memphis Residency programs of Internal Medicine, or Internal Medicine/Pediatrics and have an excellent performance rating during EM residency rotations in MLH adult hospitals and recommendation from MLH adult hospital Emergency Department Medical Director  <b>Or</b>            Physicians who have completed a non-University of TN residency in either Internal Medicine or Internal Medicine/Pediatrics and are board certified or board eligible in their respective specialties who have 1500 hours of EM experience within the previous 2 years  <b>Or</b>            Any existing non-ACGME fellow who successfully completes the current MHMH EM non-ACGME Preceptee program, who has no quality issues, and meets all the regulations agreed upon and approved by the Medical Executive Committee  <b>Or</b>            Moonlighters: Residents/Fellows in the final year of an ABMS Emergency Medicine training program  <b>And</b>            Must become board certified in their specialty within 5 years of completion of residency.</p> <p><b>Class II</b>            Physicians may have privileges in Emergency Medicine if they are Board certified by the American Board of Family Medicine, General Surgery, or Internal Medicine, or the American Osteopathic Board of Family Practice, General Surgery, or Internal Medicine.  <b>Or</b>            Physicians requesting advancement from Class I to Class II must meet the required criteria:</p>	<p>If applying with previous Emergency Department experience, provide documentation of the hours worked in the previous 12 months in an emergency department validated by the medical director at each facility</p> <p>If applying without prior emergency department experience, submit the following: Case logs from primary practice facility for a consecutive two month time period within the previous 12 months in accordance with the standards listed below</p> <p>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</p>	<p>First 5 cases/patients treated in the main ED (not to include Fast Track patients)</p>	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
	<ul style="list-style-type: none"> <li>- 10% of the physician's Class I EM charts have been reviewed monthly for quality assurance by his/her respective EM medical director</li> <li>- Didactic (course) training requirements completed within the first three months of hire as a Class I</li> <li>- Provide case logs for all EM procedures performed in an MLH facility,</li> <li>- Become board certified in his/her specialty within 5 years of completion of residency,</li> </ul> <p><b>And</b> Must have 3000 hours of comparable Emergency Department experience over the previous three years <b>And</b> Hold current ACLS and PALS certification.</p> <p><b>Class III</b> Current Board certification in Emergency Medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine. <b>Or</b> Successful completion of ACGME or AOA accredited post-graduate training program in Emergency Medicine and Board certification within 5 years of completion.</p>			

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<p><b>Emergency Medicine Pediatric Core</b></p>	<p><b>Class I</b> Physicians must be in their final year of post-graduate training and remain active in an ACGME or AOA accredited program in Pediatrics, Internal Medicine/Pediatrics or Emergency Medicine. <b>And</b> Must have the approval of their training program director and the approval of the Medical Director of Emergency Services. <b>And</b> Provide documentation of current completion of PALS certification.</p> <p><b>OR</b> Moonlighters -Fellows in an ABMS Pediatric Emergency Medicine training program are eligible to work in double coverage environments (alongside Class III EM physician) at Le Bonheur at the discretion of Peds EM fellowship program director. Fellows in this program are not eligible for Class II. Once fellowship is completed, physicians in this group are eligible for Class III privileges. No didactic course or case log requirements shall apply to this group <b>And</b> Provide documentation of current completion of PALS certification.</p> <p><b>Class II</b> Physicians must have current board certification in Pediatrics, Internal Medicine/Pediatrics or Emergency Medicine. <b>And</b> Provide documentation of current completion of PALS certification. <b>Or</b> Successful completion of an ACGME, or AOA accredited post graduate training program in either Pediatrics, Internal Medicine/Pediatrics, Emergency Medicine or Pediatric Emergency Medicine or and board certification within 5 years of completion.</p>	<p>If applying with previous Emergency Department experience, provide documentation of the hours worked in the previous 12 months in an emergency department validated by the medical director at each facility</p> <p>If applying without prior emergency department experience, submit the following: Case* logs from primary practice facility for a consecutive two month time period within the previous 12 months in accordance with the standards listed below</p> <p>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</p>	<p>15-20 Randomly selected charts reviewed monthly for the first 3 months</p> <p>First 5 sedations monitored by a privileged provider</p>	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
	<p><b>Class III</b> Current board certification in Pediatric Emergency Medicine by the American Board of Pediatrics, or the American Board of Emergency Medicine.</p> <p><b>Or</b> Successful completion of an American Board of Pediatrics or ACGME accredited post graduate training program in Pediatric Emergency Medicine or Pediatrics/Emergency Medicine and boards <del>with in</del> within 5 years.</p>			
<i>Diagnostic Ultrasound (Adult Patients)</i>	Documentation of a comprehensive ACEP-approved course of 16 hours is required of all emergency physicians who are not residency-trained in Emergency Medicine providing proficiency in both cognitive and psychomotor skills gained through didactic lectures, demonstrations, and technical skill laboratories.		First 5 cases	Physician will continue to obtain continuing medical education (CME) through classroom or online courses.
<i>Emergency Cardiac (pericardial effusion, tamponade)</i>	Maintain Diagnostic Ultrasound (Adult Patients) privilege		Retrospective proctor* evaluations for first 25 cases	Case log documenting the performance of at least 25 procedures within the previous 24 months
<i>Renal (ureteral stones, hydronephrosis)</i>	Maintain Diagnostic Ultrasound (Adult Patients) privilege		Retrospective proctor* evaluations for first 25 cases	Case log documenting the performance of at least 25 procedures within the previous 24 months
<i>Biliary (gall stones, common duct enlargement)</i>	Maintain Diagnostic Ultrasound (Adult Patients) privilege		Retrospective proctor* evaluations for first 25 cases	Case log documenting the performance of at least 25 procedures within the previous 24 months

\*Retrospective proctoring by: 1) an Emergency Medicine-trained physician, who has developed ultrasound proficiency during training and in acting as an ultrasound reviewer; or 2) by comparison of the emergency ultrasound reading with confirmatory testing via other imaging procedures. Ultrasounds will be used for pre-diagnosis only in order to make appropriate decisions as to which radiological procedures to order. Privileging may be acquired in any or all of the above 3 primary applications. Once competency is acquired in an application, the physician may choose to use the ultrasound results for patient care decisions.



**Core Privilege:**

Assess, evaluate, diagnose and initially treat patients except as specifically excluded from practice who present in the ED with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

**Cardiology**

- Cardiopulmonary Resuscitation
- Defibrillation
- Electrical Cardioversion

**Critical Procedures**

- Abdominal Paracentesis
- Arterial line placement
- Arterial puncture
- Aspiration Procedures
- Central venous line placement
- Chest tube insertion
- Cricothyrotomy
- Cutdown
- Emergency diagnostic ultrasound
- Endotracheal intubation
- External cardiac pacing
- Gastric lavage
- Intraosseous infusion device placement
- Intravenous line insertion
- Lumbar puncture
- Pericardiocentesis
- Peritoneal lavage
- Subdural tap
- Suprapubic aspiration/catheterization
- Thoracentesis
- Transvenous pacemaker insertion
- Umbilical vessel catheterization
- Venipuncture

**Deep Procedural Sedation** – Core Privilege for Class III Emergency Medicine & Class III Pediatric Emergency Medicine Physicians Only

**Diagnostic, Emergency Cardiac, Renal and Biliary Ultrasound** - Core Privilege for Class III Emergency Medicine Physicians Only

**Moderate Procedural Sedation** – Core Privilege for Class III Emergency Medicine & Class III Pediatric Emergency Medicine Physicians Only

**Obstetrical Care**

- Assess fetal heart tones
- Emergency obstetrical delivery (vaginal)

**Otolaryngology**

- Aspirate abscess on tonsil
- Foreign body removal, ear, nose and throat
- Myringotomy
- Nasal packing, anterior and posterior
- Reimplantation of tooth
- Treatment of mandible dislocation
- Treatment of nasal fracture

**Orthopedic Treatment/Procedures**

- Ankle dislocations
- Application of extremity splints
- Arthrocentesis medium joint
- Arthrocentesis large joint
- Cast removal or bivalving
- Elbow dislocation/subluxation
- Fracture clavicle
- Fracture distal phalanx
- Fracture great toe
- Hip dislocations
- Mandible dislocation
- Patella dislocation
- Shoulder dislocation
- Toe dislocation
- Emergency fracture Reduction

**Point of Care Ultrasonography - Core Privilege for Class III Pediatric Emergency Medicine Physicians Only****Surgical Treatment/Procedures**

- Debridement of skin
- Incision and drainage of abscess
- Incision and drainage of Bartholin's cyst
- Incision and drainage of pilonidal cyst
- Incision and drainage of sebaceous cyst
- Incision and drainage of thrombosed hemorrhoid
- Reconstruction of nail bed
- Reduction of paraphimosis
- Reduction of rectal prolapse
- Removal of intrauterine device
- Removal of subcutaneous foreign body

- Repair of lacerations not involving nerve or tendon repair
- Replacement of gastrostomy tube
- Urethral catheterization

**Focused Ultrasound**

- Focused ultrasound is used to diagnose acute life-threatening conditions, guide invasive procedures, and treat medical conditions
- Focused ultrasound is the medical use of ultrasound technology for the bedside diagnostic evaluation of medical conditions and diagnoses, resuscitation of the acutely ill, critically ill or injured, guidance of high risk or difficult procedures, monitoring of certain pathologic states and as an adjunct to therapy
- Typically, focused ultrasound is a goal-directed ultrasound examination that answers brief and important clinical questions in an organ system or for a clinical symptom or sign involving multiple organ systems
- Focused ultrasound is an medical procedure, and should not be considered in conflict with exclusive "imaging" contracts seen with consultative ultrasound

**Special:** The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

**Diagnostic Ultrasound (Adult Patients):** Performed at the bedside simultaneously with clinical examination, resuscitation or procedure to answer a single focused clinical question in a timely manner. The following ultrasounds may be performed: procedural, trauma, and echocardiography. Includes performance of:

- Ultrasound guided vascular access
- Focused assessment by sonography for trauma (FAST exam)
- Pulmonary, pleural and pericardial fluid identification
- Abscess location and aspiration
- Foreign body localization
- Periarrest scenario for pulseless electrical activity
- AAA screening in symptomatic patients
- Ocular Ultrasonography
- Fracture Detection
- IVC Measurement For Fluid Resuscitation
- Emergent ultrasound, as needed

**Point Of Care Ultrasonography (Pediatric Patients):** Performed at the bedside simultaneously with clinical examination, resuscitation or procedure to answer a single focused clinical question in a timely manner. The following ultrasounds may be performed: procedural, trauma, and echocardiography. Includes performance of:

- Ultrasound guided vascular access
- Focused assessment by sonography for trauma (FAST exam)
- Pulmonary, pleural and pericardial fluid identification
- Abscess location and aspiration
- Foreign body localization
- Periarrest scenario for pulseless electrical activity
- AAA screening in symptomatic patients

- Ocular Ultrasonography
- Fracture Detection
- IVC Measurement For Fluid Resuscitation
- Emergent ultrasound, as needed

**Administration of moderate and/or deep procedural sedation:** See Procedural Sedation for Non-Anesthesia Staff Policy

Requires: Separate DOP, ACLS, NRP or PALS certification

## Emergency Medicine Clinical Privileges

Check below the particular privileges desired in Emergency Medicine for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	All Ages
Emergency Medicine Core, Class I					
Emergency Medicine Core, Class II					
Emergency Medicine Core, Class III					
Emergency Medicine Pediatric Core, Class I					
Emergency Medicine Pediatric Core, Class II					
Emergency Medicine Pediatric Core, Class III					
Special					
Diagnostic Ultrasound (Adult Patients)					
Emergency Cardiac Ultrasound					
Renal Ultrasound					
Biliary Ultrasound					
Thoracentesis (Special only for Pediatric Class I) Limit: Proctor Required					
Central Venous line placement (Special only for Pediatric Class I) Limit: Proctor Required					
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>				
<i>Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.</i>					

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation

(b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name