

**Affiliate Staff  
Delineation of Clinical Privileges**

**Criteria for granting privileges:** Current board certification in an appropriate ABMS or AOA specialty board  
OR  
Successful completion of an ACGME or AOA accredited post-graduate training program in an appropriate specialty and board certification within 5 years of completion  
AND  
Concurrent membership in an appropriate Medical Staff Department

**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.**

**Core Privilege Description:** Cannot admit, consult, write inpatient orders, or perform hospital procedures, but may refer and follow patients in the hospital. May order outpatient treatments and services, including rehabilitation and respiratory therapy.

## Affiliate Clinical Privileges

*Check below the particular privileges desired for Affiliate Clinical Privileges 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)
Affiliate Core		
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</b>	
<div style="background-color: #cccccc; padding: 2px;">Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.</div>		

### 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