



APPLICATION FOR CLINICAL PRIVILEGES

General

Granting, reviewing, and changing of clinical privileges for the staff of EL CENTRO DEL BARRIO will be in accordance with the EL CENTRO DEL BARRIO policy. Assignment of such clinical privileges are based upon education, clinical training, experience, demonstrated current competence, documented results of patient care, and other quality review and monitoring deemed appropriate.

Primary care medicine is a dynamic and comprehensive field. Adult medicine, pediatric care, perinatal care, surgical care, critical care, and mental health care are integral components of EL CENTRO DEL BARRIO'S continuity of care. As a result, privileges in these areas are identified to pertain to primary care specialties of pediatrics, internal medicine, family practice, general practice, and obstetrics/gynecology.

The privileges for EL CENTRO DEL BARRIO will be granted in the following three classes:

LEVEL ONE (General)
This class includes privileges for uncomplicated, basic procedures and clinical application of cognitive skills. Physicians applying for privileges in this class will be graduates of approved medical/osteopathic schools who are properly licensed, and who have demonstrated skills in appropriate general medicine practice.
LEVEL TWO (Residency/Board Certification)
Privileges in this class include Level One privileges, as well as privileges for those procedures and cognitive skills involving more serious medical problems and which normally are taught in residency programs. This may include procedures and clinical application of cognitive skills appropriate to the care in perinatal, surgical, psychiatric, and critical care units. Physicians requesting privileges in this class will have met the criteria in Level One, and will also have either completed training in a residency program and/or will be Board Certified, or will have documented experience, demonstrated abilities and current competence in primary care medicine.
LEVEL THREE (Advanced Procedures)
Privileges in this category include privileges in Classes I and II. Additional privileges may be granted to physicians who have acquired added experience and/or training, and who have special skills and knowledge in specified areas of medicine. As appropriate, these additional privileges will be reviewed by the Medical Director.

IT SHOULD BE NOTED THAT, EVEN THOUGH A PHYSICIAN IS ASSIGNED TO ONE OF THE THREE CLASSES, HE OR SHE MAY ALSO ELECT TO APPLY FOR INDIVIDUAL PRIVILEGES THAT MAY BE CONSIDERED TO BE IN A HIGHER CLASS.

Delineation of Privileges Request

Name Printed: _____ Specialty: _____

Date of Hire: _____ Date Privileges Requested: _____

Scope of practice is the same at all CentroMed sites for respective specialties.

Board Certified: Yes _____ No _____ Board Eligible: Yes _____ No _____ Re-certified: Yes _____ No _____

WRITE THE NUMBER OF THE CLASS THAT MOST APPLIES UNDER EACH PRIVILEGE AREA

GENERAL PRIVILEGES	Privileges Requested	Medical Director Approval	Special Conditions/Comments
LEVEL ONE:			
Management of Routine Adolescent Care			
Management of Routine Adult Care			
Management of Routine Geriatric Care			
Supervision of Residents & Students			
Tx of uncomplicated dermatological conditions			
LEVEL TWO:			
Abscess I&D			
Biopsy, skin			
Cardiopulmonary resuscitation (CPR)			
Excision, benign lesion, skin			
Foreign body removal, eye			
Foreign body removal, ear			
Ingrown toenail excision			
Joint aspiration and injection, major joint (i.e. shoulder, hip, knee)			
Lacerations, infected			
Paronychia, I & D			
Suturing of simple laceration			
Removal of skin tags			
Destruction of lesions			
Cryotherapy skin			
Eye tray evaluation (fluorescein stain)			

GENERAL PRIVILEGES			
PRIVILEGES IN ANESTHESIA CARE			
LEVEL ONE:			
Use of local anesthetics for wound repair			
Use of topical anesthetics			

Provider

GENERAL PRIVILEGES	Privileges Requested	Medical Director Approval	Special Conditions/Comments
PRIVILEGES IN EMERGENCY CARE			
LEVEL ONE:			
Debridement, skin subcutaneous, tissue			
Dressing/Debridement, burn			
Foreign body removal, nose			
Incision and removal of foreign body			
Laceration, simple			
ACLS (if certified)			
PRIVILEGES IN INTERNAL MEDICINE			
LEVEL ONE			
Independent Care: Basic Life Support			
Basic diagnosis & management			
Full care of uncomplicated cases			
Allergy			
Arthritis			
Cardiac Diseases			
Hematologic Diseases			
Hepatic Diseases			
Hypertension			
Infectious Diseases			
Metabolic/Endocrine			
GENERAL PRIVILEGES			
LEVEL ONE:			
EKG Interpretation			
Needle aspiration of subcutaneous lesion			
PFT (pulmonary function test) interpretation			
Superficial Nerve Block			
PRIVILEGES IN GYNEOLOGIC CARE			
LEVEL ONE:			
Non-invasive evaluation of gynecological patients			
LEVEL TWO:			
I&D Bartholin Cyst			
Cervical Biopsy			
Colposcopy/Cervical Cryotherapy			
Culdocentesis			
Endometrial Biopsy			
IUD insertion			
IUD removal			
PRIVILEGES IN OBSTETRIC CARE			
LEVEL ONE:			
Routine Prenatal Care			

Provider

GENERAL PRIVILEGES	Privileges Requested	Medical Director Approval	Special Conditions/Comments
LEVEL TWO:			
Non Stress test			
OB Ultrasound for fetal position			
OB Ultrasound for Placental localization			
OB Ultrasound for FHT's			
OB Ultrasound for Amniotic index			
MGMT. OF INTRAPARTUM CONDITIONS			
Abnormal Labor			
Chronic Hypertension – Mild			
Diabetes – Gestational			
Fetal Distress			
History of Genital Herpes			
Pre-eclampsia – Mild			
Premature Rupture of Membranes			
Post -partum Hemorrhage			
Thrombophlebitis of Heparin			
Other medical illness during pregnancy - stable/mild			
Any other high-risk OB patients - stable/mild			

LEVEL THREE:			
Added privileges in obstetrical care by petition and demonstrated as listed: OB Ultrasound - complete			
PRIVILEGES IN ORTHOPAEDIC CARE			
LEVEL ONE:			
Initial evaluation of orthopedic problems			
Management of patients with suspected disease of the musculoskeletal system including intervertebral disc disease:			
Treatment of acute back and neck strain			
Treatment of contusions, simple lacerations, sprains			
Treatment of bursitis, tendonitis, tennis elbow, etc.			
LEVEL TWO:			
Casting procedures for closed fractures requiring no reduction			
Joint Aspirations			
Procedures involving destruction of nail beds			
Treatment of Planters Warts			
Treatment of corns, calluses and bunions			
Treatment of Pes Planus			
Foot Care			

Provider

GENERAL PRIVILEGES	Privileges Requested	Medical Director Approval	Special Conditions/Comments
Treatment of Metatarsalgia			
Treatment of Closed Dislocations			
Splints			
Sprains			
Local Injections for:			
Bursitis			
Epicondylitis			
Arthrocentesis			

GENERAL PRIVILEGES			
PRIVILEGES IN PSYCHIATRY			
LEVEL ONE:			
Psychopharmacotherapy			
Individual Psychotherapy			
Group Psychotherapy			
Behavior Modification			
Hypotherapy			
Family Therapy			
Aversion Therapy			
Drug Abuse Therapy			
Alcohol Abuse Therapy			
Therapy for Adolescents			
Treatment of Eating Disorders			
Relaxation Therapy			
PRIVILEGES IN SURGICAL CARE			
LEVEL ONE:			
Non-invasive evaluation of surgical patients			
LEVEL TWO:			
Hyfercation and Fulguration			
Repair of lacerations not involving nerve, tendon, or significant vessel damage and not requiring skin flaps or grafts			
PROCEDURES – OPHTHALMIC CARE:			
Management of eyelid lesions, minor & non-surgical			
Removal of foreign body, eye			
OTHER PROCEDURES:			

Provider

GENERAL PRIVILEGES	Privileges Requested	Medical Director Approval	Special Conditions/Comments
PRIVILEGES IN PEDIATRIC CARE			
LEVEL ONE:			
Management of routine pediatric care including: Full-term newborns			
Respiratory Distress(Mild)			
Respiratory Distress (Moderate)			
Possible Sepsis			
Jaundice (Mild)			
Jaundice (Moderate)			
Infections of:			
Respiratory Tract			
GI Tract			
GU Tract			
Skin Test			
Peripheral Nervous System			
LEVEL TWO:			
Bladder Tap			
Simple Fracture & Dislocations			
Respiratory Distress (Severe)			
Jaudice (Severe)			
LEVEL THREE:			
Special Competency based on appropriate experience, training, credentials, or documentation.			

I hereby request the privileges identified above. Furthermore, I hereby attest that I am physically fit and mentally capable to perform the above requested privileges.

Provider Signature

Date

PRIVILEGES:

Approved: [] Approved With Modifications: [] Denied: []

Comments: _____

MEDICAL DIRECTOR

Date



PHYSICAL FITNESS ATTESTATION

Privileged & Confidential
Professional Review Committee

To: Professional Review Committee;

With this statement, I hereby attest that currently I do not have a condition of a physical, medical and/or mental nature that will limit or interfere with my physical abilities to perform all the essential functions of the position.

I am currently not using any kind of drugs that will limit or interfere with my physical abilities to perform all the essential functions of the position.

Moreover, I attest that I meet all the physical requirements of the position, and I can perform the duties and responsibilities of the position without accommodations.

Emp Signature _____ Date: _____

Emp Name Printed _____

Position _____

Signature of CentroMed Medical Director

Date



2300 W. Commerce, Suite 300
San Antonio, Texas 78207

Privileged & Confidential
Professional Review Committee Record

Bexar County Clerk
Civil Central Filing
100 Dolorosa,
San Antonio, Texas 78205-3083

To: County Clerk

The individual named below has applied for employment with our Community Health Center. As the Credentialing Coordinator for our center, I would like to know if there are any **past or pending civil lawsuits** involving this individual as shown in your records. If there is a record of any action involving this person, I request copies of the documents you have on file pertaining to the case(s). Enclosed is a self-addressed stamped envelope for your use. Thank you for your assistance in this matter.

Signature: _____ DOB: _____

(Full Name Printed below)

Last First Middle Maiden

Soc.Sec. # _____ Search: from: _____ to _____

Sincerely,

Jose Fernando Espinoza, PHR
Director of Human Resources
Credentialing Coordinator



2300 W. Commerce, Suite 300
San Antonio, Texas 78207
Fax: 922-01062 / Phone: 922-0103

Privileged & Confidential
Professional Review Committee

Bexar County Clerk – Criminal Central Filing
300 Dolorosa, Suite 4101
San Antonio, Texas 78205-3029

To: County Clerk

The individual named below has applied for employment with our Community Health Center. As the Credentialing Coordinator for our center, I would like to know if there are any **past or pending criminal proceedings** involving this individual as shown in your records. If there is a record of any action involving this person, I request copies of the documents you have on file pertaining to the case(s). Enclosed is a self-addressed stamped envelope for your use. Thank you for your assistance in this matter.

Signature: _____ DOB: _____

(Full Name Printed Below)

Last First Middle Maiden

Soc. Sec. # _____ Search from: _____ to _____

Sincerely,

Jose Fernando Espinoza, PHR
Director of Human Resources
Credentialing Coordinator



2300 W. Commerce, Suite 300
San Antonio, Texas 78207
Fax: 922-0103 / Phone: 922-0103

Privileged & Confidential
Professional Review Committee Record

Bexar District Clerk - Criminal
100 Dolorosa
San Antonio, Texas 78205

To: District Clerk

The individual named below has applied for employment with our Community Health Center. As the Credentialing Coordinator for our center, I would like to know if there are any **past or pending criminal proceedings** involving this individual as shown in your records. If there is a record of any action involving this person, I request copies of the documents you have on file pertaining to the case(s).

Enclosed is a self-addressed stamped envelope for your use. Thank you for your assistance in this matter.

Signature: _____ DOB: _____

(Full Name Printed Below)

Last First Middle Maiden

Soc. Sec. # _____ Search from: _____ to _____

Sincerely,

Jose Fernando Espinoza, PHR
Director of Human Resources
Credentialing Coordinator