

INFECTIOUS DISEASES PRIVILEGE FORM

NAME: _____ **EFFECTIVE DATE:** _____ **To** _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – Shands Jax/SJ TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | INTERNAL MEDICINE CORE PRIVILEGES | APPR |
|---|---|---|---|---|---|---|---|---|----|---|------|
| | | | | | | | | | | Work-up, admission, evaluation, history and physical examination, diagnosis, consultation, performance of laboratory procedure under CLIA 88 rules and regulations as Provider Performed Microscopy or any waived procedure approved by the Laboratory Medical Director designated as Physician Performed Tests, and/or provision of non-surgical treatment to patients from adolescence to old age during times of health and through all stages of acute and chronic illness. | |

To request Core Privileges, please place an "X" in the appropriate hospital column.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | INFECTIOUS DISEASES CORE PRIVILEGES | APPR |
|---|---|---|---|---|---|---|---|---|----|---|------|
| | | | | | | | | | | Work-up, admission, evaluation, history and physical examination, diagnosis and provision of treatment or consultative services to patients with known or possible infectious or immunologic diseases. Includes the interpretation of related laboratory data (stains, cultures, serologies, susceptibilities). | |

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (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 each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

- Privilege not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.