

ORTHOPAEDICS PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Jax/UF 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	CORE PRIVILEGES	APPR
										GENERAL ORTHOPAEDICS: Work-up, admission, assessment, history and physical examination, diagnosis, consultation and non-surgical or surgical treatment to patients of all ages to correct or treat various conditions, illnesses, and injuries, of the musculoskeletal system. [Physicians desiring privileges for children <24 months at Wolfson must complete the pediatric orthopaedic surgery form]	
										UPPER EXTREMITY ONLY: Work-up, admission, assessment, history and physical examination, diagnosis, consultation and nonsurgical or surgical treatment to patients of all ages to correct or treat various conditions, illnesses, and injuries, of the upper extremities. [Physicians desiring privileges for children <24 months at Wolfson must complete the pediatric orthopaedic surgery form]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.	APPR
										Bone Tumors/Oncology	
										Bone Tumors/Oncology (upper extremity only)	
										Complex Hand Surgery (e.g. vascular flaps, grafts, tendon transfer, rheumatoid reconstruction) [++Hospitals 6]	
										Kyphoplasty [++Hospitals 1, 2, 3, 4, 5, 6, 7, 9, 10]	
										Lasers – nd:YAG [++Hospitals 1, 6]	
										Mako Robot [++Hospitals 1, 7, 10]	
										MAZOR Robot [++Hospitals 1, 7]	
										Moderate Sedation [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	
										Spinal Instrumentation – without pedicle screws [++Hospitals 4, 5, 10]	
										Spinal Instrumentation – with pedicle screws [++Hospitals 1, 4, 5, 10]	
										Vertebroplasty [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	

Acknowledgment 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.
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