

PEDIATRICS PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health/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 | PEDIATRIC CORE PRIVILEGES | APPR |
|---|---|---|---|---|---|---|---|---|----|---|------|
| | | | | | | | | | | <p>LEVEL 1 Pediatrics: Work-up, history and physical examination, performance of any laboratory procedure classified 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, admit and treat illness of minimal or moderate severity with no serious threat to life.</p> <p>Consultation must be obtained when doubt exists as to diagnosis or when expected improvement is not soon apparent.</p> | |
| | | | | | | | | | | <p>LEVEL 2 Pediatrics: Work-up, history and physical examination, admit and treat illness of moderate or major severity, not including ventilator care or advanced life support; may be significant local and/or systemic complications.</p> | |
| | | | | | | | | | | <p>LEVEL 3 Pediatric Subspecialty: Work-up, history and physical examination, admit, treat and/or consult on illness requiring the highest level of competence within a pediatric subspecialty. <i>My American Board of Pediatrics-recognized subspecialty is:</i></p> | |
| | | | | | | | | | | Adolescent Medicine | |
| | | | | | | | | | | Allergy & Immunology | |
| | | | | | | | | | | Cardiology | |
| | | | | | | | | | | Critical Care Medicine | |
| | | | | | | | | | | Dermatology | |
| | | | | | | | | | | Emergency Medicine | |
| | | | | | | | | | | Endocrinology | |
| | | | | | | | | | | Gastroenterology | |
| | | | | | | | | | | Genetics/Metabolism | |
| | | | | | | | | | | Hematology/Oncology | |
| | | | | | | | | | | Infectious Diseases | |
| | | | | | | | | | | Neonatology | |
| | | | | | | | | | | Nephrology | |
| | | | | | | | | | | Neurology | |
| | | | | | | | | | | Pulmonology | |
| | | | | | | | | | | Rheumatology | |
| | | | | | | | | | | Other: | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | NEONATAL CORE PRIVILEGES | APPR |
|---|---|---|---|---|---|---|---|---|----|---|------|
| | | | | | | | | | | CLASS 1: Care of normal newborn (≥ 2500 grams, at Wolfson ≥ 2000 grams) [++Hospital 2] | |
| | | | | | | | | | | CLASS 2: Class 1 plus Care of pre-term or low birth-weight newborn with no life-threatening illness | |
| | | | | | | | | | | CLASS 3: Classes 1 and 2 plus Care of newborn with potentially life-threatening illness - excluding ventilator support or advanced life support. [++Hospital 6] | |
| | | | | | | | | | | CLASS 4: Classes 1, 2 and 3 plus Intensive care of newborn including ventilator support, advanced life support and attendance at C-sections. Also includes overall care of patient in NICU. [++Hospitals 4, 5, 6, 10] | |
| | | | | | | | | | | Delivery Room stabilization of the neonate (vaginal or c-section births) [++Hospitals 3, 5, 6, 7] | |

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 | APPR |
|---|---|---|---|---|---|---|---|---|----|--|------|
| | | | | | | | | | | Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience. | |
| | | | | | | | | | | Arterial cannulation | |
| | | | | | | | | | | Bone marrow aspiration/biopsy [++Hospital 6] | |
| | | | | | | | | | | Bone marrow transplantation | |
| | | | | | | | | | | Bronchoscopy, flexible [++Hospital 6] | |
| | | | | | | | | | | Bronchoscopy, rigid [++Hospital 6] | |
| | | | | | | | | | | Cardiac catheterization [++Hospital 6] | |
| | | | | | | | | | | Cardioversion [++Hospital 6] | |
| | | | | | | | | | | Central line placement, percutaneous [++Hospitals 6] | |
| | | | | | | | | | | Central line placement directly into the femoral/subclavian veins [++Hospitals 4, 5, 6] | |
| | | | | | | | | | | Chest tube placement | |
| | | | | | | | | | | Circumcision of newborn [++Hospitals 6, 7, 9] | |
| | | | | | | | | | | Deep Sedation [++Hospitals 6, 7] | |
| | | | | | | | | | | Double balloon enteroscopy [++Hospital 7] | |
| | | | | | | | | | | EEG and EMG interpretation [++Hospital 6] | |
| | | | | | | | | | | Endoscopy [++Hospital 6] | |
| | | | | | | | | | | Extra Corporeal Membrane Oxygenation (ECMO) Medical Management [++Hospital 7] | |

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| | | | | | | | | | | SPECIAL PROCEDURES | | |
|---|---|---|---|---|---|---|---|---|----|--|------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience. | APPR | |
| | | | | | | | | | | Extra Corporeal Membrane Oxygenation (ECMO) Cannula Insertion & Removal [++Hospital 7] | | |
| | | | | | | | | | | Fetal echocardiography [++Hospitals 5, 6, 7] | | |
| | | | | | | | | | | Interventional cardiac electrophysiology [++Hospitals 6, 7] | | |
| | | | | | | | | | | IVC Filter Placement [++Hospitals 7] | | |
| | | | | | | | | | | Moderate sedation [++Hospitals 2, 3, 4, 5, 6, 7, 9, 10] | | |
| | | | | | | | | | | Non-invasive cardiology (EKG/echo interpretation) [++Hospitals 5, 6] | | |
| | | | | | | | | | | Pacemaker insertion, permanent [++Hospitals 6, 7] | | |
| | | | | | | | | | | Pacemaker insertion, temporary [++Hospitals 6, 7] | | |
| | | | | | | | | | | Parenteral hyperalimentation | | |
| | | | | | | | | | | Percutaneous liver biopsy | | |
| | | | | | | | | | | Percutaneous lung biopsy | | |
| | | | | | | | | | | Percutaneous pleura biopsy | | |
| | | | | | | | | | | Percutaneous renal biopsy [++Hospital 6] | | |
| | | | | | | | | | | Pericardial/myocardial biopsy | | |
| | | | | | | | | | | Peritoneal dialysis or hemodialysis [++Hospital 6] | | |
| | | | | | | | | | | Set simple non-displaced fractures | | |
| | | | | | | | | | | Thoracentesis [++Hospitals 6] | | |
| | | | | | | | | | | Transesophageal echocardiography [++Hospital 7] | | |
| | | | | | | | | | | Treatment of chemical dependency [++Hospitals 7, 9] | | |
| | | | | | | | | | | Umbilical vessel catheterizations [++Hospital 6] | | |
| | | | | | | | | | | Venous cutdown | | |
| | | | | | | | | | | Ventilator management - PICU [++Hospitals 6, 7] | | |
| | | | | | | | | | | Ventilator management - NICU [++Hospitals 6, 7] | | |

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.

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Applicant Signature: _____ *Date:* _____

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