

# PHYSICAL MEDICINE & REHABILITATION 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	CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, diagnosis, treatment, consultation, and evaluation of patients with limited function as a consequence of diseases, injuries, impairments and/or disabilities. Includes the use of therapeutic exercise and physical modalities; prosthetics, orthotics and the use of other durable medical equipment; gait analysis; diagnostic and therapeutic injections; electrodiagnostic studies; and rehabilitation management.	

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 along with appropriate 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 proof of additional training or experience.	APPR
										Botulism Toxin Blocks [++Hospitals 4, 5, 10]	
										Epidural steroid injections [++Hospital 4, 5, 10]	
										Nerve root block [++Hospital 4, 5, 10]	
										Nerve root block discogram [++Hospital 4, 5, 10]	
										Peripheral Nerve Blocks [++Hospital 4, 5, 10]	
										Radiofrequency Ablation of Nerve [++Hospital 4, 5, 10]	
										Sympathetic blocks [++Hospital 4, 5, 10]	

**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.