

PULMONOLOGY 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 Jax/ 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 examinations, performance of any laboratory procedure classified under CLIA 88 rules and regulations as Provider Performed Microscopy or any waived procedure approved by the director designated on the hospital waived testing certification, diagnosis, consultation 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	PULMONOLOGY CORE PRIVILEGES	APPR
										Work-up, admission, evaluation, performance of history and physical exam, diagnosis and provision of treatment or consultative services to patients with conditions, injuries and diseases of the respiratory system (lungs, pleura, bronchi, pharynx, chest wall, respiratory muscles, tonsils and nose). Includes insertion of central venous, arterial or pulmonary artery balloon flotation catheters, management of mechanical ventilation, and management of pneumothorax (needle insertion and drainage systems). Core privileges include Bronchoscopy, therapeutic.	

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	APPR
										Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Brachytherapy	
										Bronchoscopy, <i>diagnostic</i> (brushing, transbronchial lung biopsy, transbronchial needle aspiration) [++Hospital 4, 5, 10]	
										Bronchoscopy, argon plasma coagulation [++Hospital 1, 4, 5, 6, 10]	
										Bronchoscopy, <i>laser</i> [++Hospital 1, 4, 5, 6, 10]	
										Chest Tube Placement, <i>elective</i> [++Hospital 6]	
										Endobronchial ultrasound guided bronchoscopy [++Hospital 6]	
										Laryngoscopy [++Hospital 4, 5, 10]	
										Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 9, 10]	
										Percutaneous tracheostomy (elective) [++Hospital 6]	

■ 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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										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
										Polysomnography (sleep studies) [++Hospital 1, 2, 3, 4, 5, 6, 9, 10]	
										Pulmonary Function Studies	
										Thoracoscopy [++Hospital 4, 5, 6, 10]	
										Tracheobronchial Stents [++Hospitals 4, 5, 6, 10]	
										Transthoracic needle biopsy of lung [++Hospital 6]	
										Trend oximetry studies	

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.