

**UNIVERSITY OF MARYLAND MEDICAL SYSTEM**

**DEPARTMENT OF MEDICINE, DIVISION OF GERONTOLOGY**

**REQUEST FOR CLINICAL PRIVILEGES**

**APPLICANT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Member of the Department of Medicine, Division of Gerontology of the University of Maryland Medical System with approved Medical Staff privileges are authorized to:

1. Admit any adult patient with a medical or medically related problem.
2. Consult on any adult patient with a medical or medically related problem.
3. Order diagnostic studies and procedures on any adult patient with a medical or medically related problem.
4. Treat any adult patient with a medical or medically related problem, with the exception of the performance of those procedures considered Special Procedures (see below)
5. Perform all diagnostic and therapeutic procedures usually considered within the sphere of Internal Medicine except for those privileges listed below. Specific approval must be obtained for those procedures. Those excluded may be performed as part of supervised training.

| <b>NAME OF PROCEDURE</b>   | <b>REQUESTED</b> | <b>APPROVED</b> |
|----------------------------|------------------|-----------------|
| Marrow Biopsy              |                  |                 |
| Cardioversion              |                  |                 |
| Thoracentesis              |                  |                 |
| Paracentesis               |                  |                 |
| Arthrocentesis             |                  |                 |
| Treadmill Exercise Testing |                  |                 |
| Fat and Muscle Biopsy      |                  |                 |
| Other (please Specify):    |                  |                 |
|                            |                  |                 |

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Andrew Goldberg, MD, Division Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Frank M. Calia, MD, MACP, Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Confirmation Signature  
(To be completed if requested privilege is not approved)

\_\_\_\_\_  
Date