

**UNIVERSITY OF MARYLAND MEDICAL CENTER**

**DEPARTMENT OF MEDICINE, DIVISION OF GERONTOLOGY AND GERIATRIC MEDICINE**

**REQUEST FOR CLINICAL PRIVILEGES**

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

Member of the Department of Medicine, Division of Gerontology and Geriatric Medicine of the University of Maryland Medical Center 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.

NAME OF PROCEDURE	REQUESTED	APPROVED
Marrow Biopsy		
Cardioversion		
Thoracentesis		
Paracentesis		
Arthrocentesis		
Treadmill Exercise Testing		
Fat and Muscle Biopsy		
Other (please Specify):		

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

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Division Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stephen N. Davis, MBBS, FRCP, FACP, Chairman

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date