

**UNIVERSITY OF MARYLAND MEDICAL CENTER**  
**Department of Medicine, Division of Infectious Diseases**  
**Delineation of Privilege Form**

Applicants for membership in the Department of Medicine, Division of Infectious Diseases of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff.

**Please indicate the Staff Category to which you wish to apply:** (refer to Medical Staff Bylaws for qualifications)

\_\_\_\_\_ **Active**                      \_\_\_\_\_ **Courtesy**

Please check where privileges will be performed:

\_\_\_\_\_ Evelyn Jordan Center                      \_\_\_\_\_ University Medical Center                      \_\_\_\_\_ All Sites

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. *Approved per the Medical Staff Bylaws</b>	√*	Yes
<b>Category I – Core Privileges:</b> To be eligible for Category IA privileges, applicants must have completed an ACGME approved Internal Medicine residency program and be Board Certified, a candidate for Board Certification or equivalent.		
<b>Outpatient/Ambulatory Services:</b> Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: <ul style="list-style-type: none"> <li>• General patient examination and care involving observation, assessment, planning, implementation and evaluation.</li> <li>• Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs.</li> <li>• Performs Preventative health care counseling and instructs patients and/or families on treatment plans.</li> </ul> <b>Ambulatory Service locations are as follows:</b>		
<b>Evelyn Jordan Center:</b> Privileges include ambulatory core privileges as listed above in addition to: colposcopy w/bx, I&D abcess (simple), lumbar puncture		
<b>UMMC Category I - Core Privileges:</b>		
<b>Category IA - Core Privileges for Consultant Physicians:</b> Core privileges include but are not limited to electrocardiogram review and open wound culture.		
<b>Category IB - Core Privileges for Primary Physicians:</b> Category IB privileges are as follows: inserting central venous catheters, gastric intubation, thoracentesis, paracentesis, arterial blood gas, pelvic exam and pap smear, passage of urethral catheter, lumbar puncture, insertion of arterial line and arthrocentesis.		
<b>Category II:</b> to be eligible for Category II privileges, applicants must have completed an ACGME approved Internal Medicine residency program, be Board Certified or a candidate for board certification, and provide documentation as to course work and recent experience. <b>Category II privileges are as follows:</b>		

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Privilege/Operative Procedure	Check (✓) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category III: Special/Cross Disciplinary Procedures:</b>		
<b>Moderate (Conscious) Sedation</b> - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral &amp; Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Robert Redfield Jr., MD, Division Chief

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Confirming Signature  
*(required if any requested privilege is not approved)*

\_\_\_\_\_  
Date