

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

Applicants for membership in the Department of Medicine, Division of Nephrology 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:

\_\_\_ UHC: Transplant Clinic      \_\_\_ UHC: Medical Specialties      \_\_\_ 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 core privileges, applicants must have completed an ACGME approved Internal Medicine residency program and be Board Certified or Equivalent (or a candidate for Board Certification)		
<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>UHC: Transplant Clinic:</b> Privileges include ambulatory core privilege listed above in addition to: thyroid biopsy, injection, trigger point, thoracentesis, I&D abcess-simple, anoscopy, lumbar puncture		
<b>UHC: Medical Specialties:</b> Privileges include ambulatory core privilege listed above in addition to: thyroid biopsy, injection, trigger point, thoracentesis, I&D abcess-simple, anoscopy, lumbar puncture		
<b>UMMC Category I - Core Privileges:</b>		
Core privileges include but are not limited to: cardioversion, central venous catheter insertion, gastric intubation, electrocardiogram review, thoracentesis, paracentesis, arterial blood gas analysis, pelvic examination and pap smear, open wound culture, placement of urethral catheter, lumbar puncture, and arterial line insertion.		
<b>Category II:</b> to be eligible for Category II privileges, applicants must have completed an ACGME approved Nephrology Fellowship program, be Board Certified or Equivalent (or be a candidate for Board Certification), and provide documentation as to course work and recent experience. <b>Category II privileges are as follows:</b>		
Renal Biopsy		
Hemodialysis, Acute and Chronic		
Peritoneal Dialysis, Acute and Chronic		
Pancreas Transplant Biopsy		
Renal Transplant Biopsy		

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

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

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category III:</b> to be eligible for Category III privileges, applicants must have completed an ACGME approved Nephrology fellowship program, be Board Certified or Equivalent (or be a candidate for Board Certification), and have completed fellowship and provide documentation as to course work and recent experience. Category III privileges are as follows:		
<b>Category IV: 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>		
<b>Ultrasound Procedures</b> (please list)		

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Matthew Weir, 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