

UNIVERSITY OF MARYLAND MEDICAL CENTER
Department of Orthopaedics, Division of Podiatric Medicine
Delineation of Privilege Form

Applicants for membership in the Department of Orthopaedics, Division of Podiatric Medicine of the University of Maryland Medical Center may request admission to the Active Staff or Courtesy Staff.

Please indicate the staff category to which you wish to apply: Active Courtesy

Name: _____ **Date:** _____

Please check where privileges will be performed:

- Univ of MD Center for Diabetes & Endocrinology
 UHC: Transplant Clinic UHC: Medical Specialties
 Podiatry Clinic University of Maryland Medical Center All Sites

Delineation of Privileges in Podiatry:

1. Privileges will be granted according to proven levels of training and competence.
2. All new applicants must be Board certified in Podiatry within three years of faculty appointment.
3. Podiatrists may not perform bone or joint surgery in children under age 16.
4. Nail care including septic and ingrown nails may be treated at all ages.
5. In addition, no microvascular nerve repairs or malignant tumors of the foot and ankle will be treated by the podiatry staff. Ganglia and subcutaneous fibromata are not considered to be tumors.

Please comment only in the areas in which you wish to apply for privileges. **NOTE: Privileges marked with an asterisk (*) also require approval of Moderate Sedation privilege (under Section 4)**

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
Level I No Surgery. Paring and debridement of corns/callouses. Application of pads, straps, and casts Biomechanical assessments, manipulations and fittings. Routine nail care.		
Level II Soft Tissue Surgery below the ankle. Simple bunion and hammer toe repairs. Septic and ingrown nails.		
Level III All Forefoot Surgery distal to the tarsometatarsal joints including complex bunion and other forefoot deformities. Excision of bony protuberances of the mid and hind foot. (Non-neoplastic)		
Level IV* A minimum of 2 post-graduate years of Foot Surgery is required.		
Complex surgery of the entire foot distal to the ankle with the exceptions listed above in accordance with State Licensure Regulations.		
Ankle joint procedures and arthrodesis of hind foot joints (Requires verification of proficiency (at east 6 under supervision).		
Arthroscopy (permitted with proof of attendance at an approved, hands-on CME course)		

Name: _____

Date: _____

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
<p>Outpatient/Ambulatory Services: 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:</p> <ul style="list-style-type: none"> • General patient examination and care involving observation, assessment, planning, implementation and evaluation. • Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs. • Performs Preventative health care counseling and instructs patients and/or families on treatment plans. <p>Ambulatory Service locations are as follows:</p>		
<p>Podiatry Clinic (NGE19L): Privileges include ambulatory core privileges as listed above.</p>		
<p>Univ of MD Center for Diabetes & Endocrinology: Privileges include ambulatory core privileges listed above.</p>		
<p>UHC: Transplant Center: Privileges include ambulatory core privileges listed above.</p>		
<p>UHC: Medical Specialties: Privileges include ambulatory core privileges listed above.</p>		
<p>Moderate (Conscious) Sedation - 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 & Maxillofacial Surgery are not required to fulfill criteria 2.)</i></p>		

Certified: American Board of Podiatric Medicine Certificate# _____ Date _____

Applicant's Signature

Date

Division Head's Signature

Date

Vincent Pellegrini, Jr., MD, Chairman

Date

Applicant's Confirming Signature
(required if privilege request is not approved)

Date