

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Medicine/Family Practice
General/Family Practice

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

QUALIFICATIONS/CRITERIA	
Category I	<i>Usual and Customary Privileges</i>
	<ol style="list-style-type: none"> 1. Complete an ACGME or AOA accredited residency in General/Family Practice. 1. Board certification or in the process of certification by the American Board of General/Family Practice, or have equivalent qualifications. 2. Demonstrated competence in Category I privileges.
Category II	<i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i>
	<ol style="list-style-type: none"> 2. Board certification or in the process of certification by the American Board of General/Family Practice, or have equivalent qualifications. 3. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> • Documentation of residency training and experience in the advanced procedure <li style="text-align: center;">OR • Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested. 4. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.

Name: _____

Pacific Hospital of Long Beach			
<i>General/Family Practice privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	General		
	Admitting		
	Consulting		
	Fluoroscopic Procedures (Must submit current X-Ray Supervisor License)		
	History and Physical		
	Category I		
	Children's Health		
	Women's Health (Including prenatal, contraceptive)		
	Other Adult Health		
	Assist in OB/GYN procedures		
	Procedures		
	Anesthesia		
	Local/Topical		
	Emergency Medicine		
	Cricothyrotomy		
	Endotracheal intubation		
	Nasotracheal intubation		
	Pericardiocentesis (emergency)		
	Run cardiac arrest		
	Endoscopy		
	Flexible sigmoidoscopy with biopsy / polypectomy		
	Laryngoscopy		
	Gynecology		
	Cervical biopsy		
	Colposcopy		
	Endometrial biopsy		
	Incision and drainage of Bartholin cyst		
	Marsupialization of Bartholin cyst		
	Menstrual extraction		
	Minor Surgery		
	Aspiration of breast cysts		
	Excision of ingrown toe nail		
	Excision of superficial skin lesions/cysts		
	External hemorrhoidectomy		
	Incision and drainage of superficial abscesses		
	Skin biopsy		
	Suture of simple lacerations		
	Nursery and Neonatal Care		
	General privileges in nursery		
	Lumbar puncture		

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Pacific Hospital of Long Beach
General/Family Practice privilege form

Requested	Usual and Customary Privileges	Granted	Special Conditions
	Umbilical catheterization		
	Venipuncture		
Obstetrics			
	Episiotomy/Ephisiorrhaphy		
	Fetal Monitoring		
	Fetal scalp electrode		
	Post partum laceration repair		
	Perineal hematoma		
	Uncomplicated spontaneous deliveries		
Ophthalmology			
	Management of eyelid lesions, minor/ nonsurgical		
Urology			
	Circumcision (infant)		
	Urethral catheterization		
**Surgical Procedures			
	Arthrocentesis		
	Aspiration of Breast Cyst		
	Avulsion of Nail		
	Circumcision		
	Endometrial Biopsy		
	Excision or bandin of hemorrhoid		
	Flexible Sigmoidoscopy		
	Intrauterine Device Insertion		
	Paracentesis		
	Reduction of Closed Fracture		
	Thoracentesis		

 Signature of Applicant

 Date

APPROVALS:

Exceptions/limitations: _____

 Service Chief/Division Chief of Medicine/Family Practice

 Date

Credentials Committee approval on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____