

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Medicine/Family Practice
Internal Medicine and Subspecialties

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 Internal Medicine. 2. Board certification or qualification for certification by the American Board of Internal Medicine or AOA equivalent 3. 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"> 1. Board certification or in process of certification by the American Board of Internal Medicine. 2. 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 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested. 3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.

Name: _____

Pacific Hospital of Long Beach <i>Internal Medicine privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	General		
	Admitting Privileges		
	Assist in Surgery		
	Co-Admitting Privileges		
	Conscious Sedation (*Must pass approved exam)		
	Consulting Privileges		
	Fluoroscopy (*Must submit current license)		
	General Internal Medicine		
	History and Physical Examination		
	Category II – Subspecialties		
	Cardiology		
	Critical Care Medicine		
	Endocrinology		
	Gastroenterology		
	Hematology		
	Infectious Disease		
	Lasers		
	Nephrology		
	Oncology		
	Pulmonary		
	Rheumatology		
	Cardiology/ Critical Care Medicine		
	Cardioversion		
	Central Venous Lines		
	ECHO Interpretation		
	Intravenous Thrombolytic Agents		
	Non-Invasive		
	Pericardiocentesis		
	Permanent Pacemaker		
	Subclavian Catheter		
	Swan Ganz Catheter		
	Temporary Pacemaker		
	Trans-Esophageal Echo cardiography		
	Treadmill testing		
	Endocrinology		
	Insulin Pump		
	Thyroid Needle Biopsy		
	Use of Biostator		
	Hematology		
	Chemotherapy administration		
	Gastroenterology		

Name: _____

Pacific Hospital of Long Beach <i>Internal Medicine privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	<i>Stomach</i>		
	Gastroscopy- flexible		
	Polypectomy		
	Small intestine biopsy		
	<i>Colon</i>		
	Colonoscopy		
	Polypectomy		
	<i>Liver</i>		
	Biopsy		
	P.T.C.		
	<i>Pancreas</i>		
	Cautery/Heater Probe		
	E.R.C.P.		
	Papillotomy		
	Stone Extraction		
	Therapeutic Endoscopy		
	Upper/Lower Endoscopy		
	<i>Esophagus</i>		
	Esophageal prosthesis, insertion of		
	Flexible Esopagoscopy		
	Manometry		
	PEG insertion		
	Peritoneoscopy		
	Rigid Esophagoscopy		
	Sclerotherapy		
	Sphincterotomy		
	Nephrology		
	Hemodialysis		
	Hemoperfusion		
	Insert venous catheter for dialysis		
	Peritoneal Dialysis		
	Plasmapheresis		
	Renal Biopsy		
	Oncology		
	Chemotherapy administration		
	Comprehensive evaluation/treatment planning for patients with cancer and related disorders		
	Interpretation of tumor localization studies for management of neoplastic disorders		
	Combined mortality therapy: surgery, radiation therapy, chemotherapy, or immunotherapy (concurrently or a timed sequence)		

Name: _____

Pacific Hospital of Long Beach <i>Internal Medicine privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	Pulmonary		
	Central line placement		
	Chest Tube insertion		
	Flexible Bronchoscopy		
	Intubation – by direct laryngoscopy		
	Percutaneous tracheotomy		
	Pleural biopsy		
	Rigid Bronchoscopy		
	Thoracentesis		
	Transbronchial biopsy		
	Rheumatology		
	I&D of abscess		
	Joint Aspiration		
	Lumbar Puncture		
	Rigid Sigmoidoscopy		
	*Lasers		
	CO2 in the practice of:		

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: _____