

**PACIFIC HOSPITAL OF LONG BEACH**  
**DELINEATION OF PRIVILEGES**  
**Department of Medicine/Family Practice**  
*Outpatient Clinic*

Name of Applicant: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

<b>QUALIFICATIONS/CRITERIA</b>	
<b>Category I</b>	<b><i>Usual and Customary Privileges</i></b>
	<ol style="list-style-type: none"> <li>1. Complete an ACGME or AOA accredited internship in General Medicine or Residency in Family Practice.</li> <li>2. Board certification or qualification for certification by the American Board of Family Practice or AOA equivalent</li> <li>3. Demonstrated competence in Category I privileges.</li> </ol>
<b>Category II</b>	<b><i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i></b>
	<ol style="list-style-type: none"> <li>1. Board certification or in process of certification by the American Board of Family Practice.</li> <li>2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> <li>• Documentation of residency training and experience in the advanced procedure</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested.</li> </ul> </li> </ol>

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

<b>Pacific Hospital of Long Beach</b> <i>Outpatient Clinic privilege form</i>			
<b><i>Requested</i></b>	<b><i>Privileges</i></b>	<b><i>Granted</i></b>	<b><i>Special Conditions</i></b>
	<b>Category I – Outpatient only</b>		
	Children’s Health		
	Women’s Health (Prenatal/Contraceptives/Minor GYN care)		
	Other Adult Health		
	<b>Category II – Outpatient only</b>		
	Children’s Health		
	Excision of superficial skin lesions/cysts		
	Flexible Sigmoidoscopy		
	Incision/drainage of superficial abscess		
	Local/topical anesthesia		
	Other Adult Health		
	Suturing of minor skin lacerations		
	Women’s Health (Prenatal/Contraceptives/Minor GYN care)		

\_\_\_\_\_  
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: \_\_\_\_\_