

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Surgery/Anesthesia
Pathology

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 Pathology. 2. Board certification or qualification for certification by the American Board of Radiology or AOA equivalent 3. Demonstrated competence in Category I privileges.

Name: _____

Instructions: Please place a check mark in the REQUESTED column corresponding to the privileges requested.

Pacific Hospital of Long Beach <i>Pathology privilege form</i>			
<i>Requested</i>	<i>Usual and Customary Privileges</i>	<i>Granted</i>	<i>Special Conditions</i>
	Anatomic pathology		
	Bone tumor diagnosis		
	Clinical pathology		
	Cytology (general)		
	Dermatologic pathology		
	Endocrine pathology		
	Frozen Section		
	Gross Anatomic		
	Gynecological pathology		
	Hematopathology (tissue only)		
	Joint pathology		
	Metabolic bone diagnosis		
	Microscopic Anatomic		
	Neuropathology		
	Ophthalmologic pathology		
	Otopathology		
	Pediatric pathology		
	Pulmonary pathology		
	Renal pathology		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Chief of Surgery/Anesthesia

Date

Credentials Committee approval on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____