

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

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 internship in General Medicine or Residency in Family Practice. 2. Board certification or qualification for certification by the American Board of Family Practice or AOA equivalent 3. Demonstrated competence in Category I privileges.

Name: _____

Pacific Hospital of Long Beach <i>Precepting privilege form</i>			
<i>Requested</i>	<i>Usual and Customary Privileges</i>	<i>Granted</i>	<i>Special Conditions</i>
	Category I		
	Core outpatient teaching privileges		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Chief of Medicine/Family Practice

Date

Credentials Committee approved on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____