

Adolescent Medicine

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have Administration of Sedation privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications

Education/Training for Initial Core Criteria

Successful completion of an ACGME or AOA accredited Residency training program in either Pediatrics, Internal Medicine or Family Medicine or foreign equivalent training

AND

Successful completion of an approved Fellowship program in Adolescent Medicine or foreign equivalent training or documentation of at least three years' experience with adolescent patients

AND

Current certification or active participation in the examination process leading to certification in Adolescent Medicine by either the American Board of Pediatrics, Internal Medicine or Family Medicine or foreign equivalent training/board. For non-trained applicants in Adolescent Medicine or foreign equivalent training, current certification or active participation in the examination process leading to certification in either Pediatrics, Internal Medicine or Family Medicine or foreign equivalent boards

AND

Documentation or attestation of the management of problems for at least 10 inpatients or outpatients as the attending physician (or senior resident) during the past 2 years

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief
	CORE Privileges	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with adolescent and young adult-related illness or conditions	
	Pelvic exam	
	Assessment/management of eating disorders with or without medical instability	
	Management of disorders associated with substance abuse	
	Management of reproductive health issues of males and females including contraception and menstrual disorders	
	Treatment of sexually transmitted infections	

Qualifications

Renewal Criteria Management of at least 30 adolescent medicine inpatients or outpatients required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

FPPE

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date