

Privileges in Infectious Disease

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	
Initial Core Criteria Education/Training	<p>Successful completion of an ACGME or AOA accredited Residency training program in Pediatrics or foreign equivalent training</p> <p style="text-align: center;">AND</p> <p>Successful completion of an approved fellowship program in infectious diseases or foreign equivalent training.</p> <p style="text-align: center;">AND</p> <p>For privileges to treat neonates, children, and adolescents, must have fellowship training in pediatric infectious diseases or foreign equivalent training.</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process leading to certification in Pediatric Infectious Diseases by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics or foreign equivalent training/board.</p> <p style="text-align: center;">AND</p> <p>Documentation or attestation of the provision of inpatient or consultative services for inpatients or outpatients with infectious disease problems, during the past 2 years</p>
FPPE	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
CORE Privileges		
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with infectious or immunologic diseases	
	Management of an unusually severe infection such as tuberculosis meningitis, disseminated tuberculosis, system mycosis, and unusual infections in the immuno-compromised host	
	Lumbar puncture	
	Aspiration of superficial abscess	
	Incision and drainage of superficial abscess	
	Management of congenital and acquired immunodeficiencies and of immunocompromised hosts including patients with HIV/AIDs	
	Diagnostic testing for viruses, bacteria, rickettsiae, fungi, parasites	
	Diagnosis and treatment of nosocomial infections	
	Management of sexually transmitted infections	

Qualifications

Renewal Criteria Management of at least 24 Core Pediatric Infectious Disease 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	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	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 _____ Date
privilege request

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