

## Privileges in Dermatology

**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**.

### Required Qualifications

**Education/Training**

Required - Successful completion of an ACGME or AOA accredited Residency in Dermatology or foreign equivalent training

**AND**

Required - Current certification or active participation in the examination process leading to certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology or foreign equivalent training/board.

**AND**

Either - Documentation or attestation of the management of at least 100 Core patients during the past 2 years

**OR**

Successful completion of Fellowship in Pediatric Dermatology approved by the American Board of Dermatology or foreign equivalent training.

**FPPE**

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

**Core Privileges**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with dermatologic conditions	
	<b>Non-surgical therapy to patients with illness or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, cutaneous glands)</b>	
	Diagnosis and treatment of skin diseases	
	<b>Surgical therapy to patients with illness or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, cutaneous glands) requiring no greater than local anesthesia</b>	
	Cryotherapy	
	Incision and drainage	
	Skin biopsy	
	Excision and simple closure of benign or malignant skin lesions	
	Pulsed Dye Laser (PDL)	

**Qualifications**

**Renewal Criteria**                      Minimum of 10 cases 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	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Excisions requiring intermediate or complex closures, including small flaps and grafts [Initial Criteria - Documentation or attestation of 10 cases in the past two years. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Grafting of non-healing wounds with cultured skin or cultured skin substitutes [Initial Criteria - Documentation or attestation of 5 cases in the past two years. Renewal Criteria - Minimum 2 cases required in the past two years.]	
	<b>Laser Procedures:</b>	
	Q-Switched Alexandrite or Nd:Yag laser [Initial Criteria - Documentation or attestation of 10 cases in the last 2 years. *If unable to provide 10 cases, direct supervision for 5 cases required. Renewal Criteria - Minimum 6 cases required in the past two years.]	
	Eximer [Initial Criteria - Certification of Training by Device Company Or Procedure Derm Fellowship. Renewal Criteria - Minimum 6 cases required in the past two years.]	
	Intense Pulse Light (IPL) [Initial Criteria - Documentation or attestation of 10 cases in the last 2 years. *If unable to provide 10 cases, direct supervision for 5 cases required. Renewal Criteria - Minimum 6 cases required in the past two years.]	
	Ablative laser, i.e. CO2 [Initial Criteria - Certification of Training by Device Company Or Procedure Derm Fellowship. Renewal Criteria - Minimum 6 cases required in the past two years.]	

### FPPE

- Eximer
- Intense Pulse Light (IPL)
- Ablative laser, i.e. CO2
- Excisions requiring intermediate or complex closures, including small flaps and grafts - (If 10 cases provided - 1 Observation)
- Grafting of non-healing wounds with cultured skin or cultured skin substitutes - (If 10 cases provided - 1 Observation)
- Q-Switched Alexandrite or Nd:Yag laser - (5 Observations if unable to provide 10 cases)

## 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 \_\_\_\_\_