

Loma Linda University Behavioral Medicine Center
Redlands, CA 92373

CLINICAL AREA: **PRIMARY CARE PRIVILEGE FORM**

Name: _____

Page 1 of 3

Specialty _____

Membership Category: Provisional Active Consultant Courtesy

CATEGORY	QUALIFICATIONS
All	<p>Current demonstrated competence and an adequate volume of current experience with acceptable results with patients of all age groups, except as specifically excluded from practice; plus</p> <p>Successful completion of at least three (3) year postgraduate training in an approved primary care residency program and demonstrated acceptable practice in the privileges being requested; and/or</p> <p>Current demonstrated competence and an adequate volume of current experience with acceptable results with patients of all age groups, except as specifically excluded from practice in one of the following primary care specialties: Internal Medicine, Family Medicine, Pediatrics, Geriatrics, Obstetrics/Gynecology, Pain Management, or other medical specialties; and/or</p> <p>Demonstrate acceptable practice in the privileges requested for a period of five (5) years.</p>
Chemical Dependency	<p>Professional experience and/or affiliation with another Chemical Dependency Unit (supply specific documentation), and/or</p> <p>Successful completion of a fellowship in the field of addiction in an accredited program or demonstrated competency by successful completion of certification examination given by the Society on Alcohol and Other Drug Dependency or the American medical Society of Alcohol and Other Drug dependency or American Society of Addiction Medicine.</p>

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Page 2 of 3

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REQUESTED		CATEGORY	ACTION		
YES	NO		Approved	Conditions	Comment
ADMIT / CONSULT					
		Admit			
		Consult Only			
SPECIALTY					
		Addiction Medicine			
		Cardiology			
		Dermatology			
		Family Practice			
		Gastroenterology			
		Hematology			
		Infectious Disease			
		Internal Medicine			
		Neurology			
		Obstetrics and Gynecology			
		Pediatrics			
		Pulmonary Diseases			
GENERAL PRIVILEGES					
		Prescribing Controlled Substances According to DEA Certificate			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals (AHP) in the following circumstances:			
		AHP is granted practice privileges by the Medical Staff			
		AHP operates under standardized procedures			
		AHP operates under other circumstances as recommended by the Medical Staff.			
		Diagnosis and Management			
		History and Physical			
GENERAL PROCEDURES					
		Layered laceration repair			
		Venipuncture and phlebotomy			
		Skin biopsy			
		Debridement of wounds			
		Incision and drainage for abscess			
CHEMICAL DEPENDENCY PRIVILEGES					
		Evaluation for chemical dependency			
		Detoxification for chemical dependency			
		Treatment and management for chemical dependency			

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Page 3 of 3

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Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Behavioral Medicine Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: _____

Date: _____

*** For Hospital and/or Clinic Use Only ***

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification

 Chief of Service

 Date

 Medical Director

 Date

 Credentials Committee

 Date

 Medical Staff Executive Committee

 Date

 Governing Board Designee/Officer

 Date