

**Loma Linda University Medical Center
Loma Linda, CA 92354**

PRIVILEGE FORM

CLINICAL AREA: **PODIATRY**

Name: _____

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who CANNOT :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice.
Category I (Limited to the foot; distal to the level of a tibial plafond)	Current certification or active participation in the examination process leading to certification in podiatry surgery by the American Board of Podiatry Surgery, or its equivalent; or Successful completion of an accredited residency training program in podiatry surgery and acceptable practice in the privileges requested.
Category II	As stated above for Category I, plus: Successful completion of an approved, recognized course when such exists, or acceptable supervised training in a residency, fellowship or other formal supervised training or clinical experience of sufficient breadth and length with acceptable results.
Observation Requirements	As specified in the Orthopaedic Surgery Service rules and regulations.

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
CATEGORY 1					
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
		Excision lesions, integument and soft tissue			
		Excision onyxis and nail matrix for permanent correction			
		Tenotomy			
		Excision, intermetatarsal neuroma			
		Excision, adventitious bursa			
		Capsulotomy			
		Excision, ganglion			
		Excision, Foreign body			
		Repair laceration			
		Exostectomy			
CATEGORY II					
		Osteotomy of lesser metatarsal			
		Excision of neuroma to heel			
		Exostectomy, calcaneal			
		Excision of soft tissue tumors			
		Hallus Valgus correction, various types, including but not limited to implant arthroscopy			
		Resection lesser metatarsal head with or without implant			
		Reduction fractures, open and/or closed			
		Tarsal Tunnel Syndrome			
		Arthrodesis			
CATEGORY III					
		Gastrocnemius resection			
		Midtarsal fusion and osteotomy			
		Triple arthrodesis and other tarsal bone fusions			
		Tendon transfers			
		Dwyer calcaneal osteotomy			
		Ankle stabilization			
		Ankle fractures with A/O fixation			
		Ankle arthrodesis and implant			
		Sub talar arthrodesis			
		Tarsal coalition			
		Tendo Achilles lengthening			
		Club foot (soft tissue and osseus procedures)			

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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 Medical 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
Code	Explanation:	

Chief of Section

Date

Chief of Service

Date

Credentials Committee

Date

Medical Executive Committee

Date

Approved By Governing Body

Date