

Loma Linda University Behavioral Medicine Center

CLINICAL AREA: **PRIMARY CARE PRIVILEGE FORM**

Name: _____

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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>

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REQUESTED	CATEGORY	ACTION		
		Approved	Conditions	Comment
YES				
ADMIT / CONSULT				
	Admit			
	Consult Only			
SPECIALTY				
	Anesthesiology			
	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			
	Incision and drainage for abscess			
ANESTHESIOLOGY FOR ECT				
	Administer Anesthesia for Electroconvulsive Shock Therapy (ECT) at a LLUMC site.			

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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

Credentials Committee

Date

Medical Staff Executive Committee

Date

Governing Board Designee/Officer

Date