

Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM

CLINICAL AREA: **DERMATOLOGY**

Name: _____

Page 1 of 6

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			

Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM

CLINICAL AREA: **DERMATOLOGY**

Name: _____

Page 2 of 6

CATEGORY	QUALIFICATIONS
All	<p>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; and</p> <p>Current certification, or active participation in the examination process leading to certification, by the American Board of Dermatology or its equivalent; or</p> <p>Successful completion of an ACGME/AOA accredited residency program in dermatology and acceptable practice in the privileges requested for at least an additional three (3) years.</p>
Specialized Surgical Dermatology	<p>Dermabrasion:</p> <p>Completion of an approved fellowship in dermatologic surgery; or</p> <p>Acceptable documentation of clinical experience in ten (10) cases of facial dermabrasion which the applicant has performed independently.</p> <p>Hair Transplantation:</p> <p>As for dermabrasion above, except the documentation of clinical experience must be five (5) cases of hair transplantation.</p> <p>Mohs Surgery:</p> <p>Completion of an approved fellowship in dermatologic surgery; and</p> <p>Completion of all requirements for membership established by the American College of Mohs Micrographic Surgery and Cutaneous Oncology, including completion of a formal one (1) year training program or preceptorship approved by said college with acceptable documentation of 500 cases of Mohs surgery which the applicant has performed independently.</p> <p>Chemical Peeling Procedures:</p> <p>As for dermabrasion above, except the documentation of clinical experience must be ten (10) cases of chemical peels.</p> <p>Dermatologic Plastic Surgical Procedures:</p> <p>As for dermabrasion above, except the documentation of clinical experience must be 100 cases of various cutaneous cosmetic and reconstructive surgical procedures which are typical of the applicant's skills and experience.</p> <p>Pinch Grafts:</p> <p>As for dermabrasion above, except the documentation of clinical experience must be five (5) cases of pinch grafts.</p> <p>Tattoo Removal:</p> <p>As for dermabrasion above, except the documentation of clinical experience must be five (5) cases for tattoo removal.</p>

Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM

CLINICAL AREA: **DERMATOLOGY**

Name: _____

Page 3 of 6

Dermatopathology	Successful completion of an approved fellowship in Dermatopathology or specialized training and acceptable practice in the privileges requested for the last three (3) consecutive years with approval from Pathology.
Use of Laser	<p>Completion of a “hands on” cutaneous laser surgery course of at least 13 hours certified for AMA/PRA (American Medical Association/Physicians Recognition Award) Category 1 credit, covering basic laser physics, safety instrumentation and clinical experience with the various commonly available cutaneous lasers; or equivalent training and documentation of training during Residency.</p> <p>Documentation of the completion of a preceptorship in cutaneous laser surgery with documentation and recommendation from the preceptor of the nature and extent of the skills and experience of the applicant; and</p> <p>Approval of the Laser Committee.</p>
Observation Requirements	As specified in the Section of Dermatology rules and regulations.
Sedation	<p>Moderate Sedation:</p> <p>Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).</p> <p>Deep Sedation:</p> <p>Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.</p>

Note: “**Acceptable documentation,**” as used for the various procedures under the group Specialized Surgical Dermatology, shall mean by the use of operative reports and photographic records signed by the Director of the Division of Dermatology (or equivalent position) where said procedures were performed.

Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM

CLINICAL AREA: **DERMATOLOGY**

Name: _____

Page 4 of 6

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
MEDICAL DERMATOLOGY					
	AD02340	Clinical dermatology			
	AD02980	Cutaneous patch testing, allergy and immunology			
	AD02930	Cryotherapy			
	AD03230	Dermatopathology			
	AD03760	Electrosurgery			
	AD07970	Medical problems related to cutaneous disease			
	AD08020	Microbiology (mycology, bacteriology, virology and parasitology)			
	AD13030	Ultraviolet light			
	AD13370	Venereology			
	AD09970	Physiotherapy of skin lesions			
MEDICAL DERMATOLOGY, <i>Continued</i>					
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following Circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardization procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
MINOR SURGICAL DERMATOLOGY					
		<i>Minor dermatologic surgical procedures</i>			
	AD02960	Curettage			
	AD10660	Punch biopsies			
	AD11560	Shave excisions			
	AD11620	Simple elliptical incisions			
SPECIALIZED SURGICAL DERMATOLOGY					
	AD03210	Dermatologic plastic surgical procedures			
	AD09980	Pinch grafts			
	AD03200	Dermabrasion			
	AD08110	Mohs Surgery			
	AD02210	Chemical peeling procedures			
	AD12330	Tattoo removal			

Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM

CLINICAL AREA: **DERMATOLOGY**

Name: _____

Page 5 of 6

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
USE OF LASER					
<i>Use limited to approved applications for the specific laser indicated. List and check "Yes" in the Requested column for each specific type of laser for which privileges are requested.</i>					
	AD13181	CO ₂ ; Resurfacing			
	AD13182	NdYAG			
	AD13185	Tunable Dye			
		Hair Removal Laser			
		NdYag (532nm, 1064nm) tatoo removal			
		Pulsed dye: (595nm, V-beam); used for vascular lesions, rosacea, photoaging, scars, stretch marks, warts, leg veins			
		Diode laser (1450nm, Smooth beam); used for acne and dermal remodeling			
		Flashlamp NDYag (1064n,,Gentle Yag); used for hair removal from all skin types			
		NON-ABLATIVE RADIOFREQUENCY DEVICE:			
		Thermacool (thermage device): used for nonablative, thermaplastic body contouring			
SEDATION					
	AD99998	Moderate sedation			
	AD99999	Deep sedation			

Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM

CLINICAL AREA: **DERMATOLOGY**

Name: _____

Page 6 of 6

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

 Chairman, Medical Staff Credentials

 Date

 Medical Executive Committee

 Date

 Governing Board Officer

 Date