

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **PREVENTIVE MEDICINE**

Name: _____

Page 1 of 4

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: **PREVENTIVE MEDICINE**

Name: _____

Page 2 of 4

CATEGORY	QUALIFICATIONS
All	Completed the requirements for specialization by the American Board of Preventive Medicine or the equivalent as defined by the Credentials Committee.

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
PRIMARY CARE/DISEASE MANAGEMENT					
		Management of Primary Care Issues			
		Obesity			
		Lipid Disorders			
		Alcohol, Tobacco and Drug Abuse			
		Nutritional Disorders			
		Mental Health			
		Consultation on Clinical Prevention Issues			
		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 standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
DIAGNOSIS AND CONTAINMENT OF INFECTIOUS DISEASES					
		Parasitic Diseases			
		Bacterial Diseases			
		Viral Diseases			
		Mycoses			
		Vaccinations			
		Travel Medicine			
		Tropical Diseases			
		Sexually Transmitted Diseases			
		Consultations in International Health Issues			

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **PREVENTIVE MEDICINE**

Name: _____

Page 3 of 4

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
EMPLOYEE EVALUATION AND SURVEILLANCE					
		Pre-employment physicals			
		Screening of special groups of workers			
		Return to work evaluation			
		Retirement/exit evaluation			
		Annual evaluation			
		Interpretation of chemical disorders			
		Consultation of employment issues			
CERTIFICATION					
		Respirator use certificate			
		Hazardous material handling			
		Airline pilot's certification			
		Department of transportation drivers certificate			
SCREENING AND PREVENTION					
		Risk assessment and modification			
		Consultation and education in prevention			
		Drug screens			
		Cardiac risk factors			
		Sports physicals			
		Consultations on screening issues			
PROCEDURES AND TREATMENT					
		Proctoscopy, flexible sigmoidoscopy			
		Pulmonary function tests with/without exercise			
		EKG interpretation			
		Cardiac treadmill test			
		Eye: acuity, tonometry			
		Audiometry			
		Initial treatment for medical conditions			
EVALUATION OF OCCUPATIONALLY EXPOSED WORKERS					
		Fibers/Dusts, Allergens			
		Metals			
		Pesticides			
		Rubber, Plastics/Synthetics			
		Oils/Tar/Petroleum Products			
		Solvent/Miscellaneous chemicals			
		Inorganic Gasses/Irritants			
		Miscellaneous			
		Consultation on Occupational Issues			

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **PREVENTIVE MEDICINE**

Name: _____

Page 4 of 4

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 Service

 Date

 Credentials Committee

 Date

 Medical Executive Committee

 Date

 Approved By Governing Body

 Date