



Privileges in Dermatology Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA accredited Residency in Dermatology or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Dermatology by the American Board of Dermatology or in Dermatology by the American Osteopathic Board of Dermatology or foreign equivalent training/board.

AND

Documentation or attestation of the management of dermatologic problems for at least 100 inpatients or outpatients as the attending physician (or senior resident/fellow) during the past two years.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges included in the Core:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, provide non-surgical therapy to patients with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails and cutaneous glands), including consultation and the performance of:	
	Allergy and immunodermatology	
	Clinical pathology	
	Cutaneous microbiology	
	Dermatologic surgery including biopsy techniques, cryosurgery, electrosurgery, excisions, surgery with appropriate closures including small flaps and grafts, complex closures, laser surgery, nail surgery, sclerotherapy	
	Dermatopathology	
	Phototherapy and photochemotherapy	
	Radiotherapy	
	Microscopy - fluorescence, electron, cytological	
	Botox lower face/neck/axilla/hands	
	Botox injections upper face	
	Soft Tissue Augmentation Fillers < then 1 year duration	
	Laser surgery/therapy	
	Chemical Peels	

Qualifications

Clinical Experience (Reappointment)	Minimum 50 Core cases required during the past 2 years Maintain current certification or active participation in the examination process leading to certification in dermatology or by the American Board of Dermatology or in dermatology by the American Osteopathic Board of Dermatology or foreign equivalent training/board.
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FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Dermatology

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Ablative Resurfacing Procedures [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Administration of Sedation [Criteria - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Ambulatory Phlebectomy [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Blepharoplasty Upper/Lower [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Brow lift [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Canthopexy [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Hair transplant [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Limited Incision Brachioplasty [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Liposuction (up to 3 liters) [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Lipotransfer [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	MOHS micrographic surgery [CRITERIA - Initial - MOHS/Procedural Derm Fellowship. Renewal - Minimum 500 cases required during the past 2 years]	
	Neck lift [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Rhytidectomy [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Soft Tissue Augmentation Fillers > then 1 year duration [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Staged flaps [CRITERIA - Initial - Procedural Derm Fellowship. Renewal - Minimum 6 cases required during the past 2 years]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	

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Ablative Resurfacing Procedures
 Administration of Moderate Sedation
 Ambulatory Phlebectomy
 Blepharoplasty Upper/Lower
 Brow lift

- Canthopexy
- Hair transplant
- Limited Incision Brachioplasty
- Liposuction (up to 3 liters)
- Lipotransfer
- MOHS micrographic surgery
- Neck lift
- Rhytidectomy
- Soft Tissue Augmentation Fillers > then 1 year duration
- Staged flaps

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this _____ Date _____
privilege request

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date