

UNMH Medical Staff Affiliate Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective April 28, 2017:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

Applicant: Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR AFFILIATE CORE PRIVILEGES:

Initial Privileges: To be eligible to apply for affiliate core privileges, the applicant must meet the following criteria:

1. Courtesy Medical Staff membership at UNM Hospitals and Clinics, as Medical Staff or as an Allied Health Professional, as defined in the UNMH Medical Staff Bylaws; **AND**
2. Clinical Department Chair recommendation.

Renewal of Privileges: Demonstrated current competence and ability to meet aforementioned initial requirements for affiliate core privileges.

CORE PRIVILEGES: Affiliate

Requested

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Affiliate Core Procedures List

This list is a sampling of procedures included in the affiliate core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in affiliate core, strike through then initial and date those procedures you do not wish to request.

1. Ordering diagnostic tests within scope of licensure.
2. Ordering laboratory tests within scope of licensure.
3. Prescriptive privileges (rights) within the scope of licensure.

Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. I understand that: a) 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; 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 or related documents.

Signature

Date Signed

Department Chair Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/ modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on April 28, 2017