

UNMH External Consultant Privileges

Name:

Effective Dates: _____ **To:** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 9/26/2014

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 on the last page of this form.

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

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Qualifications for External Consultant Core Privileges

Initial Applicant - *To be eligible to apply for external consultant core privileges, the initial applicant must meet the following criteria:*

MD or DO with current New Mexico Medical Board licensure

AND

Current certification or active participation in the examination process leading to certification in primary area of practice as specified by the American Board of Medical Specialties or by the American Osteopathic Association.

AND

Courtesy Medical Staff membership in UNM Hospitals and clinics as defined within the UNMH Medical Staff Bylaws

AND

Clinical Department Chair recommendation

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew external core privileges, the reapplicant must meet the following criteria:*

Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. Ability to meet afore mentioned initial requirements is also required to renew privileges.

CORE PRIVILEGES: *External Consultant*

Evaluation and consultation on patients in the UNM Hospital system including documentation in the electronic medical record. These privileges *do not* include the ordering of diagnostics or therapeutics in the electronic medical record.

Requested

This list is a sampling of procedures included in the 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, please strike through those procedures which you do not wish to request, then initial and date.

1. History & Physical examination
2. Documentation of evaluation and recommendations

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Acknowledgment of practitioner

I have requested only those 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, and 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.

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges with the applicant and the 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 following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 9/26/2014