Name:	Effective Dates: From	10
All new applicants must meet the following r Trustees, effective July 21, 2017:	equirements as approved by t	he UNMH Board of
O 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.
- 3. Physicians holding clinical privileges set forth in this Pathology Clinical Privilege set shall not be required to hold a current, unrestricted individual DEA Registration or a New Mexico Controlled Substance Registration.

QUALIFICATIONS FOR PATHOLOGY CORE (FORENSIC, ANATOMIC, AND CLINICAL):

Initial Privileges: To be eligible to apply for core privileges in pathology (forensic, anatomic, and clinical), the applicant must meet the following criteria:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in clinical (laboratory) and/or anatomic pathology (which includes cytopathology; AND
- 2. Current certification in, or active participation in the examination process leading to certification in, clinical and/or anatomic pathology by the American Board of Pathology or in anatomic pathology and/or laboratory medicine by the American Osteopathic Board of Pathology; **AND**
- 3. Required current experience: Demonstrate full or part-time pathology services, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful

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completion of an ACGME or (12) months.	AOA accredited residency or clinical fello	owship within the past twelve
demonstrating full or part-time particles requested, for the past	rated current competenceand an adequathology service with acceptable result twenty-four (24) months based on resu Evidence of current ability to perform prives.	rs, reflective of the scope of lts of ongoing professional
CORE PRIVILI	EGES: Forensic Pathology (Autopsy	Pathology)
	ing of disease by performance of autor of UNMH patient. Adhere to Medical S	•
Requested		
СО	RE PRIVILEGES: Anatomic Patholog	у
specimens, cells and body flu	ring of disease by general anatomic pa uids (cytopathology). This section chology. Adhere to Medical Staff po	also includes cytopathology,
Requested		
C	ORE PRIVILEGES: Clinical Pathology	
hematology, immunohematology, clinical activities in cytogenetics, fl	ids and secretions generally classified und blood banking, clinical chemistry, imm low cytometry, HLA, and molecular gene out are not limited to oversight of perfor	nunology, and specialty-related etics based on certifying agency

with CAP quality standards, and interpretation and evaluation of specialty laboratory tests. Adhere to

Medical Staff policy regarding emergency and consultative services.

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QUALIFICATIONS FOR MOLECULAR GENETIC PATHOLOGY CORE:

Initial Privileges: To be eligible to apply for core privileges in molecular genetic pathology, the applicant must meet the following criteria:

- 1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in clinical and anatomic pathology, followed by successful completion of an accredited fellowship in molecular genetic pathology; **AND**
- 2. Current subspecialty certification in, or active participation in the examination process leading to certification in, subspecialty certification in molecular genetic pathology by the American Board of Pathology; **AND**
- 3. Required current experience: Demonstrate full or part-time molecular genetic pathology services, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: Demonstrated current competenceand an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Molecular Genetic Pathology

Apply laboratory techniques of molecular biology and molecular genetics for diagnosis and management of disease in patients of all ages with Mendelian genetic disorders, disorders of human development, infectious diseases, and malignancies to assess the natural history of those disorders. Provide information about gene structure, function and alteration, and apply laboratory techniques for diagnosis, treatment, and prognosis for individuals with related disorders. Adhere to Medical Staff policy regarding emergency and consultative call services.

Requested

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

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QUALIFICATIONS FOR SPECIAL PROCE	EDURES IN PATHOLOGY:	
Criteria : To be eligible to apply for spetthe following criteria:	ecial non-core privileges in pathology	, the applicant must meet
American Osteopathic Association clinical pathology that included training a Required current experience: Double (2) requested procedures with	creditation Council for Graduate Medica in (AOA) accredited post graduate trainin ining in performance of requested proced emonstrate current competence and acceptable results during the past twe ion of training within the past twelve (12	g program in anatomic and/or ure; AND evidence of at least two lve (12)months,or
Renewal of Privileges: Demonstrated four (4) of the requested procedures of based on results of ongoing professional perform privileges requested is required	with acceptable results in the past two I practice evaluation and outcomes. Evid	enty-four (24) months lence of current ability to
NON	-CORE PRIVILEGES: Apheresis	
Requested		
NON-CORI	E PRIVILEGES: Bone Marrow Biops	sy
Requested		
	EGES: Specialty-Related Molecula description	r Genetic
Requested		
NON-CORE PRIVILEGES:	Performance of Fine Needle Aspi	ration Biopsies
Requested		
	LEGES: Performance of Ultrasound e Needle Aspiration Biopsies	d-Guided
Requested		
	Central Nervous System Examinates (Neuropathology board certific	•
Requested		

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	Acknowledgement of Pra	ctitioner	
and demonstrated performation. I unde constrained by hospital and the particular situation; b) a	clinical privileges for which, by eance, I am qualified to perform an erstand that: a) in exercising any medical staff policies and rules any restriction on the clinical privicular such situation my actions are goted documents.	nd for which I clinical privileg applicable gene ileges granted	wish to exercise at UNM ges granted I am erally and any applicable to to me is waived in an
Signature	Date S	Signed	
Clini	ical Director/Division Chief Re	commendation	on(s)
•	ed clinical privileges and support	•	ation for the above-named
Name:	Signature		Date
Name:	Signature		Date
	Department Chair Recomn	nendation	
I have reviewed the request applicant and:	ed clinical privileges and support	ing document	ation for the above-named
Recommend all requested	d privileges with the standard pro	ofessional pra	ctice plan
Recommend privileges wi modifications noted below	ith the standard professional pra w	ictice plan and	the conditions/
ODo not recommend the cl	linical privileges noted below		
Explanation:			
Department Chair Signature	Date S	Signed	
Criteria App	roved by UNMH Board of Trus	stees on July	21, 2017

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