

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**DERMATOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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- ☐ Initial Appointment
- ☐ Reappointment

***All new applicants must meet the following requirements as approved by the governing body effective: 6/3/15***

***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***

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) 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 and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR DERMATOLOGY**

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***To be eligible to apply for core privileges in dermatology, the initial applicant must meet the following criteria:***

Current specialty certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in dermatology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate provision of outpatient or consultative care, reflective of the scope of privileges requested, to a sufficient volume of patients during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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***Reappointment Requirements:*** To be eligible to renew core privileges in dermatology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and provision of a sufficient volume of outpatient/consultative care, with acceptable results, reflective of the scope of privileges requested for the past 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. Medical Staff members whose board certificates in dermatology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

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**DERMATOLOGY CORE PRIVILEGES**

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- ☐ **Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia and cutaneous glands) as well as sexually transmitted diseases. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

**QUALIFICATIONS FOR DERMATOPATHOLOGY**

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***To be eligible to apply for core privileges in dermatopathology, the initial applicant must meet the following criteria:***

Current subspecialty certification in dermatopathology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in dermatopathology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in dermatopathology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate provision of outpatient or consultative care, reflective of the scope of privileges requested, to a sufficient volume of patients during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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***Reappointment Requirements:*** To be eligible to renew core privileges in dermatopathology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and provision of a sufficient volume of outpatient/consultative care, with acceptable results, reflective of the scope of privileges requested for the past 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. Medical Staff members whose board certificates in dermatopathology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

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**DERMATOPATHOLOGY CORE PRIVILEGES**

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- ☐ **Requested** Consultation and evaluation of tissue specimens submitted from patients with dermatologic condition.. The core privileges in this specialty include the procedures on the attached procedure list.

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

**USE OF LASER**

☐ **Requested**

***Criteria:***

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer  
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers  
OR  
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers  
OR  
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months  
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

***Maintenance of Privilege:***

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

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**CORE PROCEDURE LIST**

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***To the applicant:*** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

**Dermatology**

- Perform dermatologic history and physical exam
- Botulinum toxin injection
- Chemical face peels
- Dermal and subdermal filler injection
- Cryosurgery
- Diagnosis and treatment of skin cancers, moles, and other tumors of the skin
- Electrosurgery
- Excision of benign and malignant tumors with simple, intermediate and complex repair techniques including flaps and grafts
- Immunohistochemistry
- Interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes
- Management of contact dermatitis, allergic and nonallergic skin disorders; skin manifestations of systemic (including internal malignancy) and infectious diseases
- Management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging
- Order respiratory services
- Order rehab services
- Patch tests
- Perform waived laboratory testing not requiring an instrument, including but not limited to KOH preparation, scabies preparation, fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Sclerotherapy
- Skin and nail procedures including, but not limited to biopsy, nail matrixectomy and nail avulsion.
- Telehealth/teledermatology

**Dermatopathology**

- Perform dermatologic history and physical exam
- Light and electron microscopy
- Special stains and Immunohistochemistry
- Examination and interpretation of microscopic slides and scrapings from lesions of the skin and related tissues
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, scabies preparation, Tzanck preparation, KOH preparation, and vaginal pH by paper methods
- Telehealth

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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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 University Hospital and Health System, University of Mississippi Medical Center, 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** \_\_\_\_\_

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**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

***Privilege***

***Condition/Modification/Explanation***

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

***Notes***

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***Department Chair Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Reviewed:

Revised:

2/3/2010, 6/2/2010, 10/5/2011, 11/2/2011, 12/16/2011, 1/4/2012, 6/22/2012, 11/07/2012, 4/3/2013,  
7/3/2013, 5/26/2015, 6/3/2015