

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

ORTHOPEDIC SURGERY 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: 01/06/2016

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 ORTHOPEDIC SURGERY

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

Current specialty certification in orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.

OR

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

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of a sufficient volume of orthopedic procedures, reflective of the scope of privileges requested, during the last 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

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

Current demonstrated competence and a sufficient volume orthopedic procedures, 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 orthopedic surgery 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

ORTHOPEDIC SURGERY CORE PRIVILEGES

- Requested Admit, evaluate, diagnose, and provide consultation to patients of all ages, to correct or treat various conditions, illnesses and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. May provide care to patients in the intensive care setting in conformance with unit policies. 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 ORTHOPEDIC SURGERY – NON-OPERATIVE

Criteria: Education and training as for Orthopedic Surgery core OR education and training per primary specialty core with additional training in non-operative orthopedics. **Required Previous Experience:** Applicants for initial appointment must be able to demonstrate the performance of a sufficient volume of orthopedic (operative or non-operative) procedures, reflective of the scope of privileges requested, during the last 24 months; or demonstrate successful completion of an ACGME or AOA accredited orthopedic surgery residency within the past 12 months; or demonstrate successful completion of a clinical fellowship (operative or non-operative) within the past 12 months.

Maintenance of Privilege: Demonstrated current competence and a sufficient volume of experience, 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.

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CORE PRIVILEGES

ORTHOPEDIC CORE PRIVILEGES – NON-OPERATIVE

- Requested** Admit, evaluate, diagnose, treat (non-operatively) and provide consultation to patients of ages commensurate with specialty training, with various conditions, illnesses and injuries of the extremities, spine, and associated structures including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

I have reviewed and approve the above requested privileges and I attest that this practitioner is competent to perform the privileges requested.

Signature of Primary Specialty Chair Date
(If primary specialty is not Orthopedics)

QUALIFICATIONS FOR ORTHOPEDIC SURGERY OF THE SPINE

To be eligible to apply for core privileges in orthopedic surgery of the spine, the initial applicant must meet the following criteria:

As for Orthopedic Surgery plus successful completion of an accredited fellowship in orthopedic surgery of the spine or pediatric orthopedic surgery.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of surgery of the spine procedures, with acceptable results, reflective of the scope of privileges requested, 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.

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

Current demonstrated competence and a sufficient volume of surgical procedures, 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 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.

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CORE PRIVILEGES

ORTHOPEDIC SURGERY OF THE SPINE CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, with spinal column diseases, disorders, and injuries by medical, physical and surgical methods including the provision of consultation. May provide care to patients in the intensive care setting in conformance with unit policies. 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 MUSCULOSKELETAL ONCOLOGY

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

As for Orthopedic Surgery plus successful completion of an ACGME accredited fellowship in musculoskeletal oncology or equivalent experience and training.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of musculoskeletal oncology procedures, reflective of the scope of privileges requested, during the last 24 months, or demonstrate successful completion of a residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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

Current demonstrated competence and a sufficient volume of musculoskeletal oncology procedures, 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 for orthopedic surgery 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

MUSCULOSKELETAL ONCOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, for patients with bone and soft tissue tumors and tumor-like conditions. 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.

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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.

VERTICAL EXPANDABLE PROSTHETIC TITANIUM RIB SURGERY

Requested

Criteria: Successful completion of a fellowship program that included the performance of a sufficient volume of vertical expandable prosthetic titanium rib surgery procedures. ***Required Previous***

Experience: Demonstrated current competence and evidence of the performance of a sufficient volume of procedures in the past 12 months. ***Maintenance of Privilege:*** Demonstrated current competence and evidence of the performance of a sufficient volume of procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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PERCUTANEOUS VERTEBROPLASTY / BALLOON KYPHOPLASTY

Requested

Criteria: Successful completion of an ACGME or AOA-accredited residency program in orthopedic surgery, neurosurgery, or radiology. Applicants must also have completed an approved training course in percutaneous vertebroplasty and balloon kyphoplasty which included proctoring. Applicants must also have completed training in radiation safety. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of percutaneous vertebroplasty and/or balloon kyphoplasty procedures in the past 24 months. **Maintenance of Privilege:** Applicant must be able to demonstrate maintenance of competence by evidence of the performance of a sufficient volume of percutaneous vertebroplasty / balloon kyphoplasty procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AUTOLOGOUS CHONDROCYTE IMPLANTATION (ACI)

Requested

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopedic surgery as well as a relevant fellowship program. In addition, the applicant must have completed an advanced course in ACI that included proctored cases. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of ACI procedures as the primary surgeon in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of ACI procedures as the primary surgeon in the past 24 months based on results of quality assessment and improvement activities and outcomes.

MICROVASCULAR PROCEDURES EXCLUDING REPLANTATION

Requested

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in microvascular procedures. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of microvascular procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of microvascular procedures in the past 24 months based on results of quality assessment and improvement activities and outcomes.

THORACOSCOPY

Requested

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in thoracoscopy or completion of a hands on CME. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of thorascopies in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of thorascopies in the past 24 months based on results of quality assessment and improvement activities and outcomes.

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MINIMALLY INVASIVE SURGERY OF THE SPINE – DIRECT LATERAL APPROACH

Requested

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in minimally invasive surgery of the spine or equivalent formal training. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of minimally invasive surgery of the spine procedures (direct lateral approach) within the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of minimally invasive surgery of the spine procedures (direct lateral approach) within the past 24 months based on results of quality assessment and improvement activities and outcomes.

ARTIFICIAL DISC REPLACEMENT (ADR)

Requested

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopedic surgery or neurological surgery and completion of an approved training program in the insertion of artificial discs. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of ADR surgery procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of ADR surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

BOTULINUM TOXIN INJECTION

Requested

Criteria: Successful completion of an ACGME or AOA accredited postgraduate training program that included training in Botulinum toxin injections for spasticity. For those applicants who do not meet these training criteria, the first 5 procedures will be proctored by a physician at UMMC who holds the privilege or an appropriate proctor determined by the department chair and Credentials Committee. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient number of Botulinum toxin injections for spasticity in the past 24 months.

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of a sufficient number of Botulinum toxin injections for spasticity in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

FLUOROSCOPY USE

Requested

Criteria:

Current board certification in Radiology, Diagnostic Radiology or Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology

OR

Successful completion of a residency/fellowship program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that included

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6 months of training in fluoroscopic imaging procedures and documentation of the successful completion of didactic course lectures and laboratory instruction in radiation physics, radiobiology, radiation safety, and radiation management applicable to the use of fluoroscopy, including passing a written examination in these areas.

OR

- Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. (Applicable to physicians whose residency/fellowship did not include radiation physics, radiobiology, radiation safety, and radiation management)

OR

- Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.
Examples of procedures performed: _____
Number of procedures performed in the last 24 months: _____
Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: _____

AND (all applicants)

- Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

Maintenance of Privilege: A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

RADIOLOGY CHAIR APPROVAL:

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

Signature, Chair—Department of Radiology

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**

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- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year:

-OR-

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine or critical care specialties, as well as active clinical practice in the provision of procedural sedation

Section Three--PRIVILEGES FOR DEEP SEDATION:

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges and I attest that this practitioner is competent to perform the privileges requested.

Signature of Anesthesiology Chair

Date

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CORE PROCEDURE LIST

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.

Orthopedic Surgery

- Amputation surgery including immediate prosthetic fitting in the operating room
- Application of skeletal (skull) traction
- Arthrocentesis, diagnostic
- Arthrodesis, osteotomy and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
- Arthrography
- Arthroscopic surgery
- Assessment of the neurologic function of the spinal cord and nerve roots
- Basic hand surgery
- Biopsy and excision of tumors involving bone and adjacent soft tissues
- Bone grafts and allografts
- Correction of traumatic and non-traumatic deformities
- Peripheral nerve decompression and repair
- Debridement of soft tissue
- Excision of soft tissue/bony masses
- Fasciotomy and fasciectomy
- Fracture fixation
- Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or lengthening procedures, osteotomies
- Interpretation of imaging studies
- Ligament reconstruction
- Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
- Management of infectious and inflammations of bones, joints and tendon sheaths
- Muscle and tendon repair
- Open and closed treatment of fractures and dislocations including internal/external fixation
- Order respiratory services
- Order rehab services
- Orthotripsy
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Reconstruction of nonspinal congenital musculoskeletal anomalies
- Removal of ganglion (palm or wrist; flexor sheath)
- Skin grafting
- Treatment of extensive trauma, excluding spine

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Orthopedic Non-Operative

- Application of orthotic materials
- Arthrocentesis and joint injection
- Casting/management of fractures and clubfoot
- Disability evaluations
- Ergonomic evaluations
- Fitness for duty evaluations
- Independent medical evaluations
- Injury prevention and wellness
- Order respiratory services
- Order rehab services
- Percutaneous Achilles tenotomy
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Prescription of physiatrist modalities including hydrotherapy, ultraviolet and infrared light, microwave, shortwave and ultrasound diathermy heat and cold modalities, electrical stimulation, and transcutaneous electrical nerve stimulation
- Prescription of orthotics, prosthetics, wheelchairs, and adaptive equipment
- Routine non-procedural medical care
- Soft tissue injection
- Venipuncture

Performance and interpretation of:

- Ergometric studies
- Gait studies

Orthopedic Surgery of the Spine (As a subspecialty of Orthopedic Surgery)

- Application skeletal (skull) traction
- Artificial disc replacement (ADR)
- Assessment of the neurologic function of the spinal cord and nerve roots
- Closed reduction fracture and dislocations
- Costo-transversectomy; thoracotomy; retroperitoneal and anterior approach to thoracic and lumbar spine
- Endoscopic minimally invasive spinal surgery
- Interpretation of imaging studies of the spine
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
- Lumbar puncture
- Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, oncologic and rheumatologic disorders of the spine
- Minimally invasive surgery of the spine-direct lateral approach
- Open reduction fracture and dislocations
- Order respiratory services
- Order rehab services

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- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Percutaneous lumbar discectomy (PLD)
- Percutaneous vertebroplasty/balloon kyphoplasty
- Scoliosis and kyphosis instrumentation
- Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies
- Soft tissue surgery
- Treatment of extensive trauma
- Vertebral biopsy

Musculoskeletal Oncology

- Detecting tumors through various imaging techniques, including x-ray, magnetic resonance imaging, and bone scan procedures
- Order respiratory services
- Order rehab services
- Performing biopsies for diagnosis
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Tumor resection with adjuvant local treatment
- Tumor resection with major limb endoprosthetic reconstruction and/or allograft reconstruction or amputation and soft tissue reconstruction utilizing rotational muscle flaps

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ACKNOWLEDGEMENT 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 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** _____

TRAUMA DIRECTOR'S RECOMMENDATION (AS APPLICABLE)

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

Trauma Director's Signature _____ **Date** _____

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DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

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

Division Chief Signature _____ **Date** _____

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

Department Chair Signature _____ **Date** _____

Reviewed:
 Revised: 1/6/2010, 2/3/2010, 6/2/2010, 4/6/2011, 10/5/2011, 11/2/2011, 12/16/2011, 3/7/2012, 6/22/2012, 4/3/2013, 8/7/2013, 01/06/2016