

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

**PATHOLOGY 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: 12/23/2013***

***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 PATHOLOGY**

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***To be eligible to apply for core privileges in pathology (anatomic, clinical), the initial applicant must meet the following criteria:***

Current specialty certification in clinical and/or anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology.

OR

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

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate sufficient volume of at least part-time pathology services, reflective of the scope of privileges requested, for 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 pathology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in clinical and/or anatomical pathology 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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**ANATOMIC PATHOLOGY CORE PRIVILEGES**

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- ☐ **Requested** Diagnosis, exclusion and monitoring of disease by general anatomical pathology examination and of tissue specimens, cells, body fluids, and clinical laboratory tests on body fluids and secretions, by means of the study of cells from all systems and areas of the body. Includes the performance of autopsies. Adhere to medical staff policy regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privilege list

**CLINICAL PATHOLOGY CORE PRIVILEGES**

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- ☐ **Requested** Microbiology, hematology, immunohematology, blood banking and serology, clinical chemistry and immunology. Privileges include but are not limited to; interpretation and evaluation of special laboratory tests. Adhere to medical staff policy regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privilege list.

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

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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.

**MORPHOLOGIC HEMATOPATHOLOGY (INCLUDED IN ANATOMIC PATHOLOGY CORE)**

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☐ **Requested**

**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training in anatomic and/or clinical pathology that included training in morphologic hematopathology. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of morphologic hematopathology examinations in the past 24 months. **Maintenance of Privileges:** Demonstrated current competence and evidence of the performance of a sufficient volume of morphologic hematopathology examinations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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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.

**Anatomic Pathology**

- Morphologic Hematopathology
- Dermatopathology
- Immunopathology
- Performance of Needle Aspiration Biopsy
- Neuropathology
- Surgical Pathology
- Performance of autopsies
- Non gynecologic cytology
- Gynecologic cytology
- Telehealth

**Clinical Pathology**

- Bone Marrow Biopsy
- Chemical Pathology
- Clinical Microscopy
- Hematology
- Immunology/Serology
- Immunohematology
- Medical Microbiology
- Molecular
- Radioisotopic Pathology
- Bone Marrow interpretation
- Telehealth
- Transfusion Medicine/Blood Bank

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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** \_\_\_\_\_

**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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Division Chief Signature** \_\_\_\_\_ **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, 1/4/2012, 11/07/2012, 12/23/2013