

**MIDLAND MEMORIAL HOSPITAL**  
***Delineation of Privileges***  
**ADDICTION MEDICINE**



*Your home for healthcare*

**Physician Name:** \_\_\_\_\_

**Addiction Medicine Privileges**

**Qualifications**

Minimum threshold criteria for requesting core privileges in addiction medicine:

- Basic education: MD or DO
- Minimal formal training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or AOA accredited residency in any medical specialty.

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification by the ABMS or the American Osteopathic Boards and successful completion of an accredited training program in addiction medicine, and one year's full-time equivalent in the field of alcoholism or drug dependencies in addition to, and not concurrent with, residency training; and 50 hours Category I CME related to addiction in the past two years, or current certification by ABAM. (*\*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*)

Required previous experience:

- The successful applicant must demonstrate provision of care, treatment, or services, reflective of the scope of privileges requested, to at least 25 diagnostic or therapeutic addiction medicine cases in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**References for New Applicants**

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

**Reappointment**

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. To be eligible to renew privileges in addiction medicine, candidates must have current demonstrated competence and an adequate volume of experience (50 diagnostic or therapeutic addiction medicine patients) 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

**Please check requested privileges.**

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p><b>Core Privileges:</b> Core privileges in addiction medicine include the ability to admit, evaluate, consult, and provide care to patients of all ages with problems of addiction and substance-related disorders, including management of severe or complex intoxication, severe or complex withdrawal, medical complications of addiction and other substance-related disorders, social and psychological complications of addiction and other substance-related disorders, and integration of addiction medicine expertise with other healthcare providers. This includes performance history and physical exam. Practitioners may provide care to patients in the intensive care setting in conformity with unit policies. Practitioners may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria
<b>Refer-and-follow privileges</b>			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<b>Current Privileges:</b> List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.  Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			<b>Core</b> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>
			<b>Non-Core</b> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

**To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.**

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. 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 Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.
- (c) I will request consultation if a patient needs service beyond my expertise.

\_\_\_\_\_  
Physician's Signature/Printed Name

\_\_\_\_\_  
Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/modification/explanation  
Notes:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair/Chief Signature

\_\_\_\_\_  
Date