



Privileges in Occupational & Environmental Medicine

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA-accredited residency/fellowship in preventive medicine/occupational health, internal medicine, family medicine or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification by the American Board of Preventative Medicine, the American Board of Internal Medicine, the American Board of Family Medicine, the American Osteopathic Board of Preventive Medicine, the American Osteopathic Board of Internal Medicine, American Osteopathic Board of Family Medicine or foreign equivalent training/board.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Privileges included in the Core:	
	Privileges to evaluate diagnose, perform history and physical exam, consult, and provide non-surgical treatment to patients presenting with general medical problems.	
	Anesthesia, local and digital block	
	Burn treatment, heat or chemical, for the eye/skin	
	Disability evaluations (per American Medical Association guidelines)	
	Electrocardiograph (EKG) interpretation	
	Ergonomic evaluations	
	Eye injuries: infections and superficial foreign body	
	Fitness for duty evaluations	
	Foreign body removal (subcutaneous): ear, skin, and soft tissue	
	Initial stabilization and treatment of fracture/dislocation	
	Independent medical evaluations	
	Injection therapy: epicondyle, tendon sheath, trigger point, and shoulder (subacromial)	
	Interpretation of tests (e.g., spirometry, toxicologic, biological, radiographs, audiograms, industrial, and environmental hygiene sampling results)	
	Nasal hemorrhage control: cautery and anterior packing	
	Nail injury: removal and trephination	
	Periodic medical evaluations: asbestos, lead, and respirator	
	Plant tours: health risk and exposure evaluations	
	Preplacement evaluations (according to American Disability Act requirements)	
	Proctoscopy	
	Pulmonary function test (baseline) for respirator-only interpretation	
	Slit lamp usage	
	Soft tissue debridement of burns and wounds	
	Toxic exposure evaluations	
	Wound repair and suturing	

Qualifications

Renewal Criteria	<p>Management of minimum 100 Core outpatients required in the past two years. Maintain current certification or active participation in the examination process leading to certification by the American Board of Preventive Medicine, the American Board of Internal Medicine, the American Board of Family Medicine, the American Osteopathic Board of Preventive Medicine, the American Osteopathic Board of Internal Medicine, the American Osteopathic Board of Family Medicine or foreign equivalent training/board.</p>
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Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____