



Privileges in Endocrinology Service

Physician name:

Education/Training

Successful completion of an accredited Residency/Fellowship
In **Endocrinology** or equivalent Training.

AND

Current certification or active participation in the examination
Process leading to certification in **Endocrinology** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

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Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		
<input checked="" type="checkbox"/>	Additional Request	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	provide care of patients in the Emergency Department, ASC, Cath Lab, ICU and regular floors	<input checked="" type="checkbox"/>

Core Privileges

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		
Privileges included in the Core:		
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with illnesses, injuries, or disorders of the endocrine or metabolic systems, including diabetes.	<input checked="" type="checkbox"/>

Special Privileges

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Treat or provide follow-up care for ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Needle aspiration of the thyroid	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bone biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>

Additional Privileges:

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-

Approved By:-

Medical director signature: -

Date:.....