



Privileges in Hematology Service

Physician name:

Education/Training Successful completion of an accredited Residency/Fellowship
In **Hematology** or equivalent Training

AND

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

Provide care for patients in specific areas of Al Kindi hospital		
Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
Additional Request		
<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 <input type="checkbox"/>	Request all privileges listed below Uncheck any privileges that you do not want to request	Service Chief Rec <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 or consultative services to patients presenting with illnesses and disorders of the blood and blood-forming tissues.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	The management and care of indwelling venous access catheters	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Plasmapheresis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Therapeutic phlebotomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ommaya reservoir tap and/or installation of chemotherapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bone marrow aspirations and biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lumbar puncture	<input checked="" type="checkbox"/>
Special Privileges		
Request <input type="checkbox"/>	Request all privileges listed below Uncheck any privileges that you do not want to request	Service Chief Rec <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"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<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"/>

Physician signature :-.....

Approved By:-

Medical director signature: -

Date:.....