



Privileges in Immunology/Rheumatology Service

Physician name:

Education/Training Successful completion of an accredited Residency/Fellowship
In **Immunology/Rheumatology** or equivalent Training.

AND

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

Provide care for patients in specific areas of Al Kindi hospital

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"/>
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Privileges included in the Core:

<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide non-surgical treatment to patients presenting with immunologic disorders and conditions or patients with rheumatic or suspected rheumatic diseases	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses, and arthrocentesis	<input checked="" type="checkbox"/>

OTOLARYNGOLOGIC ALLERGY 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"/>
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Privileges included in the Core:

<input checked="" type="checkbox"/>	Privileges to admit; evaluate; diagnose; consult, perform history and physical, provide care to adult patients presenting with allergic, inflammatory, and immunologic disorders affecting the head and neck.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Administration and interpretation of allergic skin testing	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Preparation of extracts for immunotherapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of subcutaneous and sublingual immunotherapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Oral and IV medication challenge and desensitization	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Food challenge	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Flexible diagnostic endoscopy of upper airway	<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"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Joint lavage	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion (CVC)	<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"/>

Physician signature :-----

Approved By:------

Medical director signature: -----

Date:-----