



Privileges in Internal Medicine

Physician name:

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

AND

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

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:		
<input checked="" type="checkbox"/>	Privileges to perform life-saving procedures are automatically granted to all staff physicians	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Privileging to Admission, evaluation, diagnosis and consultation are granted to all staff physicians	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Privileging for ordering treatment, diet, medications, and consultations and performing listed specialty procedures	<input checked="" type="checkbox"/>
Procedures		
<input checked="" type="checkbox"/>	ECG Interpretation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	NG Tube Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Urinary Catheter Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	IV Lines Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lumbar Puncture	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Diagnostic Needle Aspiration	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Emergency Endotracheal Intubations	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Gastric Lavage	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	CVP Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Arterial Line Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Arterial Blood Gases	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Pleural Tapping	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Privilege to admission and evaluation and treat patients in ICU AND CCU	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Peritoneal Tapping	<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"/>

Physician signature :-

Approved By:-

Medical director signature: -

Date: