

**Harris Methodist Southlake
Center for Diagnostics and Surgery
Privileges in Family Practice**

Name: _____

Qualifications for Family Practice Core Privileges

To be eligible for core privileges in family practice, the applicant must meet the following qualifications:

- Current certification or active participation in the examination process leading to certification by the American Board of Family Practice or the American Osteopathic Board of Family Practice; or equivalent training as required for certification by the American Board of Family Practice or the American Osteopathic Board of Family Physician. **Note:** Members who qualify by this criteria are expected to request consultation when:
 - diagnosis and/or management remain in doubt over an unduly long period of time, especially regard to critical patients;
 - unexpected complications arise outside the practitioner's level of competence;
 - specialized treatment or procedures are contemplated with which the physician is not familiar.

or

- Completion of at least one year of postdoctoral training in an approved residency program in Family Practice. **Note:** Members who qualify by this criteria are expected to request consultation from qualified physicians in all cases:
 - of critical patients and/or when doubt exists as to the diagnosis;
 - where expected improvement is not soon apparent;
 - when specialized therapeutics or diagnostic techniques are indicated.

____ Family Practice Core Privileges:

Privileges include: to evaluate, diagnose, consult and provide non-surgical treatment to patients with diseases of the respiratory and cardiac systems, gastrointestinal tract, genitourinary system, skin, central nervous system and the musculoskeletal system in partnership with the admitting physician. This includes patients with infectious diseases, asthma, allergies, diabetes, disturbances of water and electrolyte balance, initial hematologic evaluations and emotional/behavioral disorders.

Acknowledgement of practitioner

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 Harris Methodist Southlake Center for Diagnostics & Surgery, and

I understand that:

- (a) 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.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

Credentials Committee Recommendations: _____ **Recommend** _____ **Deny**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____