

**Harris Methodist Southlake
Center for Diagnostics and Surgery**

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Core Privileges in Pathology

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Name: _____

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Please indicate with a check mark the privileges requested.

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Qualifications

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

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- Demonstration of the provision of full-time pathology services for at least 12 of the past 24 months; **and**
 - Current certification or eligibility to participate in the examination process leading to certification in clinical and anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology;
- or**
- Successful completion of an ACGME- or AOA-accredited residency in clinical and anatomic pathology.

_____ Privileges included in the core:

General anatomical pathology, including frozen section, dermatopathology, cytopathology interpretation of fine needle aspiration of palpable superficial masses and neuropathology; General clinical pathology including interpretation and evaluation of laboratory tests, management of the blood bank and immunohematology (blood bank or transfusion medicine); interpretation of bone marrow aspiration/biopsy and except for those special procedure privileges listed below.

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Special procedures privileges:

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To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure within the last 2 years, consistent with the criteria set forth here.

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Procedure	Criteria	Requested	Recommended	Not Recommended
Performance of Bone marrow Biopsy	10 cases			
Performance of fine needle aspiration	10 cases			

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****If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.**

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Acknowledgement of practitioner

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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**, 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: _____

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Date: _____

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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: _____

Recommended/Not recommended with the following modification(s) and reason(s):

