

KALEIDA HEALTH

DELINEATION OF PRIVILEGES – DERMATOLOGY

All members of the Department of Dermatology at Kaleida Health must have the following credentials:

1. *Successful completion of an ACGME, AOA, Royal College of Physicians and Surgeons of Canada, or an ACGME equivalent Dermatology residency training program.*
2. *Must be Board Certified in Dermatology or, if not board certified, must obtain certification within two (2) years from appointment. Maintenance of Board Certification is mandatory for all providers who have achieved this status.*
3. *Demonstrate or document requisite training for credentials and requested privileges as indicated below.*

LEVEL I (CORE) PRIVILEGES

Core privileges are those privileges that can be performed after successful completion of an ACGME accredited residency program in Dermatology. The removal or restriction of these privileges would require further investigation as to the individual's overall ability to practice, but there is no need to delineate these privileges individually.

Avulsion of nail	Intralesional injections
Cutaneous biopsy of skin, nail and mucus membranes to include, but not limited to external ear, eyelid, lip, oral cavity, tongue and penis.	Nail surgery
Destruction-skin tumor – benign, malignant	Oversight / administrative of UVA/UVB treatments
Destruction of tumor – penis, vaginal	Patch testing
Evaluation, diagnosis, and treatment of medical associated illness in accordance with training in the specialty of Dermatology to include use of systemic drugs including methotrexate, retinoids, biologicals, systemic chemotherapy and psoralens, dermatologic management of sexually transmitted infection and supervision of UVA/UVB phototherapy	Removal/Repair-skin tumor (simple/intermediate/complex)
Excision-skin tumor, benign or malignant with or without primary closure	Small flaps and grafts, tissue transfer
I & D/debridement/paring - abscess	

PLEASE NOTE: Please check the box for each privilege requested. Do not use an arrow or line to make selections. We will return applications that ignore this directive.

LEVEL II PRIVILEGES

Initial Request:

1. *Training during fellowship/residency certified by the training director to include number of cases.
(In the absence of training during fellowship/residency: certificate of successful completion of laser training and two (2) proctored cases per laser type being requested.)*
- OR**
2. *Documented attendance at a certified CME course with didactic and laboratory experience and two (2) proctored cases per laser type being requested.*

Reappointment: 24 (case list = volume)

PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (ProvideDetails)
Laser Surgery: Alexandrite			
Laser Surgery: CO2, Argon			
Laser Surgery: Ebrum Yag			
Laser Surgery: Feather Silk, Touch CO2			
Laser Surgery: KTP, Nd-Yag, Pulse Dye			
Laser Surgery: Ruby, Diode			

<u>LEVEL II CORE PRIVILEGES</u>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
<i>Mohs Micrographic Surgery - Successful completion of an ACGME Mohs Micrographic Surgery fellowship or successful completion of an American College of Mohs Surgery (ACMS) fellowship training program.</i>				

KEY	<u>**GRANTED WITH FOLLOWING REQUIREMENTS</u> Provide Details Below
*NOT GRANTED DUE TO: Provide Details Below	
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement - Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant Date

_____ I recommend approval of the procedures requested by the applicant: _____ a) as requested _____ b) as amended

_____/_____
Signature of Chief of Service Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS