

Click to Request	Privilege Description	Qualifications
	<p>Internal Medicine Core: Provision of non-surgical treatment of general medical problems seen in the adult patient population. No procedural privileges are included.</p>	<p>Requires successful completion of an ACGME or AOA accredited residency in Internal Medicine</p>
	<p>Hematology Core: Admission, history and physical, evaluation, diagnosis, provision of treatment, consultation, and discharge for patients presenting with all types of malignant and benign tumors involving blood, bone marrow or lymph nodes, as well as illnesses and disorders of the blood, clotting system and blood-forming tissue</p>	<p>Requires successful completion of an ACGME or AOA accredited fellowship in Hematology or combined Hematology and Oncology</p>
	<p>Oncology Core: Admission, history and physical, evaluation, diagnosis, provision of treatment, consultation, and discharge for patients presenting with all types of malignant and benign tumors outside of those related to the Hematology Core noted above</p>	<p>Requires successful completion of an ACGME or AOA accredited fellowship in Oncology or combined Hematology and Oncology</p>
	<p>Hematology and Oncology Procedures: Procedural privileges related to the provision of Hematologic or Oncologic treatment and care including: administration of chemotherapy and biological response modifiers through all therapeutic routes, intrathecal drug delivery, skin biopsy, bone marrow aspiration and biopsy, exchange transfusion, therapeutic phlebotomy, management and maintenance of indwelling venous access catheters (central and peripheral) and accessing ports, and fine needle aspiration of a subcutaneous lesion, tumor mass, lymph node or fluid</p>	<p>Requires successful completion of an ACGME or AOA accredited fellowship in Hematology or Oncology or combined Hematology/Oncology.</p>
	<p>Non-Core Privileges</p>	
	<p>Mild to Moderate Sedation</p>	<p>Requires current ACLS and adult moderate sedation certification</p>

By signing this delineation of privileges form, I attest I meet the qualifications for the privileges I requested. I agree to provide documentation to support my qualifications and current competence if asked to do so by Medical Staff Services.

Provider Authenticated Digital Signature
Or wet signature with printed name and date