

Click to Request	Privilege Description	Qualifications
	No Privileges Requested	Required Consulting Staff
	Internal Medicine Core: Provision of non-surgical treatment of general medical problems seen in the adult patient population	Requires successful completion of an ACGME or AOA accredited residency in Internal Medicine
	Rheumatology Core: Admission, history and physical, evaluation, diagnosis, provision of treatment, consultation, and discharge for patients presenting with rheumatologic conditions or diseases. Procedural privileges include: Arthrocentesis; Simple Joint Injections; Bursae, Joint; Muscle and Tendon Sheath Injection; Needle Aspiration of Subcutaneous Lesion or Fluid; and Infusion of Rheumatologic Therapeutic Medications or Biologics	Requires successful completion of an ACGME or AOA accredited fellowship in Rheumatology
	Orthopedics Core: Admission, history and physical, evaluation, diagnosis, provision of treatment, consultation, and discharge for patients presenting with conditions, injuries or diseases of the musculoskeletal system. Procedural privileges include: Arthrocentesis; Simple Joint Injections; Bursae, Joint, Muscle and Tendon Sheath Injection and Aspiration; Needle Aspiration of Subcutaneous Lesion of Fluid; Excision and/or Biopsy of skin and Musculoskeletal Tissues (non-OR); Laceration Repair; and Synovial Biopsy	Requires successful completion of an ACGME or AOA accredited residency in Orthopedic Surgery
Non-Core Privileges		
	Fluoroscopic Injections	Requires State-mandated fluoroscopy training at initial appointment; thereafter, requires annual NetLearning Fluoroscopy module, plus hands-on, machine-specific proficiency review
	Diagnostic Musculoskeletal Ultrasound	Requires ACR certification OR objective documentation of equivalent training, education, and experience
	Skin Biopsy	Requires proof of training
	Ultrasound-Guided Synovial Biopsy	Requires special training and 5 procedures every two years
	Mild to Moderate Sedation	Requires current ACLS and adult moderate sedation certification

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