

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</p>	<p>All privileges on this form require successful completion of an ACGME or AOA accredited residency in Internal Medicine. Must be board eligible, or have either ABIM or AOA Internal Medicine certification.</p>
	<p>Dermatologic: cryotherapy, shave biopsy, skin tag removal, neurotoxin injection</p>	
	<p>Orthopedic: arthrocentesis (large joint, excluding hip)</p>	
	<p>OB/GYN: cervical cancer screening (pap smear), and pelvic exam</p>	
	<p>Psychiatric: evaluate, diagnose, and treat straightforward presentations of common psychiatric conditions such as depression, anxiety</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