

UPMC  
**Delineation of Privileges Request  
 Criteria Summary Sheet**

**Facility:** Childrens Hospital of Pittsburgh of UPMC, North

**Specialty:** PEDIATRICS

<b>KNOWLEDGE</b>	MD or DO or equivalent International medical <i>training</i>
<b>TRAINING</b>	The applicant must demonstrate successful completion of a three-year pediatric or family medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent foreign training.
<b>CERTIFICATION</b>	Must be American Board certified in the area of their specialty by the appropriate ABMS or AOA accredited Board within five (5) years of becoming eligible to sit for the examination. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and Medical Executive committees.
<b>OTHER</b>	<p><b><u>Initial Appointment:</u></b></p> <ul style="list-style-type: none"> <li>▪ <b>Required previous experience:</b> The applicant must demonstrate by means of a case/procedure log the successful management of at least twenty-four (24) pediatric and/or newborn cases in the past 24 months of active clinical practice. Experience garnered in training may be included.</li> <li>▪ <b>References:</b> Reference letters from <b>three</b> family practice or pediatric specialists with whom the applicant has worked in the preceding two years is required.</li> </ul> <p><b><u>Reappointment to Active or Affiliate Staff:</u></b></p> <ul style="list-style-type: none"> <li>▪ <b>Reappointment:</b> Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.</li> <li>▪ Applicants must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office.</li> <li>▪ In addition, there must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to pediatrics in the preceding 24 months.</li> </ul>

Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

In order to be granted privileges upon initial appointment or reappointment an applicant must have performed at least 5 of each of the following requested procedures during the past 12 months. The procedures must be documented by a case/procedure log.

- Placement of umbilical artery/vein catheter
- Tympanocentesis
- Procedural sedation (attach PALS/ATLS/ ACLS or CHP sedation Course Certificate)

### **ADOLESCENT MEDICINE**

#### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international medical training.
- **Minimal Formal Training:** The applicant must demonstrate successful completion of a pediatric, family medicine, internal medicine, obstetrics/gynecology residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a two or three-year adolescent medicine subspecialty fellowship program or other comparable graduate or fellowship experience in a related field. Individuals who have had extensive experience in adolescent medicine or have a specific area of expertise (e.g. ob/gyn, toxicology, sports medicine, psychiatry, etc.), may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Adolescent Medicine. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics, Family Medicine or Internal Medicine; and must be American Board certified in Adolescent Medicine, Ob/Gyn or Emergency Medicine within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required Previous Experience:** The applicant must demonstrate by means of a case/procedure log, the successful management of at least **300** adolescent medicine and/or **100** adolescent gynecology cases in the last 24 months of active clinical practice. Experience

garnered during training may be included.

- **Special/Specific Pediatric Adolescent Medicine Toxicology Privileges:** Requirements include Board eligible or certified in Medical Toxicology or completed a two (2) year accredited fellowship in medical toxicology. Exceptions may be made to individuals with equivalent or exceptional experience with approval of the division chief, department head, and Credentials and Medical Executive committees. The applicant must demonstrate by means of case/procedure log, the successful management of at least 75 cases in the past 24 months/2 years of direct patient care for pediatric and adolescent patients and 100 of indirect patient care. (i.e. poison center or other phone consultation)
- **References:** Reference letters from **three** adolescent medicine, gynecology, toxicology, or pediatric specialists familiar with the applicant's experience and expertise and with whom the applicant has worked in the preceding two years is required.

**Reappointment to Active and Affiliate Staffs:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **300** adolescent medicine or **100** adolescent gynecology cases in the past 24 months.
- **Special/Specific Pediatric Adolescent Medicine Toxicology Privileges:** Applicants must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 20 adolescent medicine toxicology inpatient cases in the past 24 months.
- In addition there must be documented evidence (listing of course, date, CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to adolescent medicine/adolescent gynecology in the preceding 24 months.

**SPECIAL REQUESTS NOTE:** Special requests do not include admitting privileges unless applicant is also requesting core privileges in Adolescent Medicine.

In order to be granted privileges upon Initial Appointment or Reappointment an applicant must have performed at least **20** of the

following requested invasive procedures during the past 24 months. These procedures must be documented by means of a procedure log for initial appointment and should be available, on request, at reappointment.

**Special Invasive Procedures:** (Applicant may be Board certified or Board qualified in Ob/Gyn or Adolescent Medicine to request special invasive procedures)

- Colposcopy with or without biopsy

An applicant must have performed at least **3** of the following requested invasive procedures during the past 24 months in order to be granted privileges upon Initial Appointment or Reappointment

- Cryotherapy (*for reappointment applicant must show evidence of continued competence by demonstrating use of equipment and knowledge of treatment protocol with approval of the division chief.*)
- Gynecological tissue biopsies
- IUD insertion and removal
- Subcutaneous contraceptive implant insertion and removal
- Procedural sedation (attach PALS/ATLS/ACLS or CHP Sedation Course certificate)
- Gynecologic surgery, to include laparoscopy, treatment of ovarian diseases, Uterine/cervical disease, vulvar disease (to include laser of vulva), and laparotomy for Gynecological problems. If patient requires admission for post-operative care, he/she must be admitted to the service of a surgeon on the Active Medical Staff.

## **PEDIATRIC ALLERGY & CLINICAL IMMUNOLOGY**

### **Initial Appointment**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of an allergy/immunology or pediatric allergy/immunology subspecialty fellowship program. Applicant's training program must have had at least a 35% pediatric component or current practice must consist of at least 33% pediatric patients. Candidates must be American Board certified (ACGME accredited Board) in Pediatrics or Internal Medicine; and must be American Board certified in Allergy & Clinical Immunology within five (5) years of becoming eligible to sit for the exam. Exceptions

may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.

- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log, the successful management of at least **200 pediatric** allergy/immunology cases in the past 24 months of active clinical practice. Experience garnered during training may be included.
- **References:** Reference letters from **three** allergists or pediatricians familiar with the applicant's experience and expertise and with whom the applicant has worked in the preceding two years is required.

**Reappointment to the Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **200** pediatric allergy/immunology cases in the past 24 months.
- In addition there must be documented evidence (listing of date, course, and CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to pediatric allergy/immunology in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.

**SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment or Reappointment an applicant must have performed at least **50** of the following requested Pediatric Allergy & Clinical Immunology invasive procedures. These procedures must be documented by means of a procedure log for initial appointment and should be available, on request, at reappointment. Special requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Allergy & Clinical Immunology.

**Special Invasive Procedures:**

- Epicutaneous, intradermal & patch skin tests
- Procedural sedation (attach PALS/ATLS/ACLS or CHP Sedation Course certificate)

## **BEHAVIORAL HEALTH PROGRAM**

### **Initial Appointment**

#### **Pediatric Psychology Core:**

- **Basic Education:** PhD, EdD or PsyD or equivalent foreign degree.
- **Minimal Formal Training:** The applicant must demonstrate successful completion of an American Psychological Association approved program in psychology.
- **Board Certification:** The applicant must be board certified by the American Board of Professional Psychology or the Council for the National Register of Health Providers in Psychology.
- **Required previous experience (Pediatric Psychology):** The applicant must demonstrate by means of a clinical log the successful management of at least 24 pediatric psychology cases in the past 24 months. Experience garnered during training may be included.
- **References:** Reference letters from **three** psychologists or physicians familiar with the applicant's experience and expertise and with whom the applicant has worked in the preceding two years are required.
- Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.

#### **Pediatric Neuropsychology Core**

- **Basic Education:** PhD, EdD or PsyD or equivalent foreign degree.
- **Minimal Formal Training:** The applicant must demonstrate successful completion of an American Psychological Association approved program.
- **Board Certification:** The applicant must be board certified by the American Board of Professional Psychology (ABPP) or the Council for the National Register of Health Providers in Psychology, and be either 1) a member of the International Neuropsychological Association; 2) a member of Division 40 of the American Psychological Association; 3) a member of the American Board of Professional Neuropsychology, or 4) ABPP certified in clinical neuropsychology.
- **Required previous experience:** The applicant must demonstrate by

means of a clinical log the successful management of at least 24 pediatric neuropsychology cases in the past 24 months. Experience garnered during training may be included.

- **References:** Reference letters from **three** psychologists or physicians familiar with the applicant's experience and expertise and with whom the applicant has worked in the preceding two years are required.
- Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the Psychologist or Neuropsychology cores must demonstrate that they have maintained competence by verifying to the satisfaction of the clinical service chief for psychology and the assistant medical director for behavioral health that they have managed at least 24 pediatric psychology or neuropsychology cases in the past 24 months – either inpatient or outpatient.
- In addition there must be documented (listing of course, date, CEs/CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to behavioral health in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.

**SPECIAL REQUESTS: Note special requests do not include admitting privileges unless applicant is also requesting the Psychiatry Core.**

In order to be granted the special requested privileges upon Initial Appointment or Reappointment an applicant must demonstrate by means of a case log the successful management of **24** cases during the past 24 months. These cases must be documented by means of a case log for Initial Appointment and available upon request at the time of Reappointment.

- Psychoanalysis (12 cases in 24 months)
- Hypnotherapy
- Physical Examination (psychologists only)

## **PEDIATRIC CARDIOLOGY**

### **Initial Appointment**

- **Basic Education:** MD or DO or equivalent foreign degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a pediatric cardiology subspecialty fellowship program. Individuals certified in adult cardiology who have had extensive experience in pediatric cardiology or have a specific area of expertise (e.g .cardiac mapping, cardioversion, interventional procedures) may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Cardiology. Candidates must be American Board certified (ACGME accredited Board) in Pediatrics; and must be American Board certified in Pediatric Cardiology within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of at least **300** pediatric cardiology cases in the past 24 months of active clinical practice. If applying for Cardiac Catheterization privileges the applicant must have performed a minimum of **100** catheterizations. Experience garnered during training may be included.
- **References:** Reference letters from **three** pediatric cardiologists or pediatricians who are familiar with applicant's experience and expertise and with whom the applicant has worked in the preceding two years is required.

### **Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the general pediatric core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months – either inpatient or



outpatient/office.

- Applicants for the pediatric cardiology core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **300** pediatric cardiology and/or cardiac catheterization cases in the past 24 months.
- In addition there must be documented evidence (listing of course, date, CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to pediatric cardiology in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.

### **SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment or Reappointment an applicant must have performed at least **5** of the requested General Pediatric Invasive Procedures during the past 12 months and at least 50 of the requested Pediatric Cardiology Invasive procedures. These must be documented by a case/procedure log for initial appointment and should be available, on request, at reappointment. Special requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Cardiology.

### **Special Invasive Procedures:**

In order to qualify for those invasive procedures performed in the Cardiac Catheterization Laboratory, an applicant must have greater than two (2) years of continuous privileges in the Cardiac Catheterization Laboratory at Children's Hospital of Pittsburgh, UPMC Cardiac Lab or certification by his/her training program of competence in performing the requested invasive procedure(s) and that they have performed a sufficient number of procedures, under supervision, to verify technical competency. (A minimum of **15** cases per year must be performed to qualify for reappointment). For those invasive procedures performed in an area outside the Cath Lab a minimum of **15** transesophageal echocardiograms and/or **5** umbilical artery/vein catheter placements must be documented in the form of a case/procedure log.

- Diagnostic cardiac catheterization
- Interventional cardiac catheterization
- Radiofrequency ablation
- Placement of umbilical artery/vein catheter
- Endomyocardial biopsy
- Transesophageal Echocardiogram
- Procedural sedation (attach PALS/ATLS/ACLS or CHP Sedation Course certificate)

**CHILD ADVOCACY CENTER****Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, it is preferred that the applicant has successfully completed a fellowship program in Forensic Pediatrics or a GME program such as Emergency Medicine, Child Development or Infectious Disease, and be American Board eligible or certified in Pediatrics. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log successful management of at least **25** child maltreatment cases of variable type in the past 24 months of active clinical practice. Experience garnered during training may be included.
- **References:** Reference letters from **three** pediatricians, family practice physicians or child abuse specialists familiar with the applicant's experience and expertise and with whom the applicant has worked in the preceding two years are required.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the general pediatric core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **24** pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office.
- Applicants for the child advocacy core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **25** child maltreatment cases in the past 24 months .

- In addition there must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to child abuse and neglect/child sexual abuse in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.

### **SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment an applicant must have performed at least 25 of the requested invasive procedures under the direct supervision of a physician credentialed to perform these procedures. To be eligible for Reappointment, a minimum of 25 colposcopies or related procedures must be performed in the 24 months prior to Reappointment these procedures must documented by means of a procedure log on Initial Appointment and should be available, on request, at Reappointment. **Special requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatrics or Child Advocacy.**

### **Special Invasive Procedures:**

- Anoscopy
- Colposcopy
- Completion of Forensic Rape Kit
- Pelvic or Genital exam under anesthesia
- Removal of foreign body from vagina and/or anus
- Procedural Sedation (attach copy of PALS/ATLS/ACLS or CHP sedation training certificate)

### **CRITICAL CARE MEDICINE**

#### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent foreign degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a pediatric critical care medicine subspecialty program. Candidates must be certified in Pediatrics by the American Board of Pediatrics; and must be certified in Pediatric Critical Care Medicine (ABMS accredited board) within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department chair, and MEC committees. Individuals certified in Internal Medicine,

Anesthesiology or Pediatric Surgery and who have had extensive training or experience in PCCM may qualify with the approval of the Chair, Department of Critical Care Medicine, and the Chief, Pediatric Critical Care Medicine.

- **Required previous experience:** The applicant must demonstrate successful management of at least **300** pediatric critical care cases in the past 24 months of active clinical practice. Experience garnered during training may be included.
- **References:** A letter of reference must come from the director of the applicant's fellowship program or from the chief of pediatric critical care medicine at the institution where the applicant was most recently affiliated.

#### **Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **200** pediatric critical care cases in the past 24 months.
- In addition there must be documented evidence (listing of course, date, CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to pediatric critical care in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.

#### **DERMATOLOGY**

To be eligible to apply for privileges in the Division of Pediatric Dermatology the following minimum criteria must be met: American Board certified/eligible (must achieve certification within five (5) years of becoming eligible to sit for exam) in Dermatology. If the applicant has qualifications in dermatology equivalent to American Board certification from a foreign country, the Chief of Pediatric Dermatology, with the agreement of the Pediatrician-in-Chief, may recommend privileges at an appropriate level. Evaluation and recommendation of qualifications is required for all applicants from the division chief and pediatrician-in-chief.

If requesting the following privileges, in addition to above, applicants must have a minimum of six months training in Pediatric Dermatology or have at least two years' experience with special emphasis on the treatment of pediatric patients.

- Anesthesia, local
- Biopsy
- Biopsy, knife surgery
- Cryosurgery
- Electrosurgery
- Excision of small tumors (limited to subcutaneous tissue with simple closures)
- Laser CO2
- Laser, pulse dye
- Procedural Sedation (Must show PALS/ACLS/ATLS or CHP Sedation Course Certificate)

### **DEVELOPMENTAL/BEHAVIORAL PEDIATRICS**

#### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent foreign degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a residency program in pediatrics, internal medicine, family medicine or other American Board of Medical Specialties recognized specialty approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training. Individuals certified in an adult specialty who have a particular interest and experience in developmental and/or behavioral medicine may treat and consult within specifically requested areas (e.g. adults with Down Syndrome in the clinic setting) with the approval of the Chair, Department of Pediatrics, and the Chief, Developmental/Behavioral Pediatrics. Candidates must be American Board certified (ABMS accredited Board) in one of the above noted specialties. In addition, candidates for the Developmental/Behavioral Pediatrics Core must be American Board certified in Developmental/Behavioral Pediatrics or Neurodevelopmental Disabilities within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of at least 100 developmental/behavioral pediatrics cases in the past 24 months of active clinical practice. Experience garnered during training may be included.

- **References:** Reference letters from **three** pediatricians, family practice, or developmental pediatrics specialists familiar with the applicant's experience and expertise and which whom the applicant has worked in the preceding two years are required.

#### **Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the general pediatrics medical core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **24** pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office
- Applicants for the developmental/behavioral pediatrics core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **50** developmental/behavioral pediatrics cases in the past 24 months.
- In addition there must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to developmental/behavioral pediatrics in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.
  - For **Procedural sedation privileges** (attach copy of PALS/ATLS/ACLS or CHP sedation training certificate)

#### **PEDIATRIC EMERGENCY MEDICINE**

##### **Initial Appointment**

- **Basic Education:** MD or DO or equivalent international degree.
- **General Pediatrics Core:** Minimal formal training: The applicant must demonstrate successful completion of a three-year pediatric or family medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent foreign training. In addition, they must be American Board certified in the area of their specialty by the appropriate ACGME or AOA accredited Board within five (5) years of becoming eligible to sit for the examination. Exceptions may be considered in unusual circumstances with approval

of the division chief, department head and credentials and Medical Executive committees.

- **General Emergency Medicine Core:** The applicant must demonstrate successful completion of an emergency medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or equivalent international training. Candidates must be American Board certified (ABMS accredited Board) in Emergency Medicine within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the Pediatric Emergency Medicine Division Chief, CHP Physician-in-Chief and CHP Credentials and Medical Executive committees. Must be ATLS, ACLS, and PALS or APLS certified.
- **Pediatric Emergency Medicine Core:** The applicant must be Board certified/qualified in pediatrics and pediatric emergency medicine or Board certified/qualified in emergency medicine and Pediatric Emergency Medicine. Must be ATLS and ACLS certified.
- **Specific/Special Pediatric Emergency Medicine Privileges:** Individuals who provide a specific area of expertise such as Toxicology may qualify for appointment with the approval of the Chief, Division of Pediatric Emergency Medicine, and the Physician-in-Chief.
- **References:** Reference letters from **two** physicians familiar with the applicant's Pediatric Experience or "Specific/Special Expertise experience" and **one** Pediatric Emergency Medicine physician with whom the applicant has worked during the preceding two years are required.

**Reappointment to Active or Affiliate Staff:**

- Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the general pediatrics medical core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office.
- Applicants for the pediatric emergency medicine core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have been closely involved

in the consultation on or management of at least **360** pediatric emergency medicine cases during the past 24 months.

- Must have current ATLS and ACLS certification.
- Individuals applying to be re-appointed for “Specific/Special Pediatric Emergency Medicine Privileges” must verify to the satisfaction of the division chief their adult or pediatric specific clinical practice involvement in at least **12** cases during the past 24 months.
- There must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to pediatric emergency medicine during the preceding 24 months. (NOTE: Full-time appointees must complete 48 hours of CME dedicated to trauma over the course of three years, half of which must be obtained outside of CHP. These trauma credit hours can also be applied to Division CME requirement of 30 category 1 CME credits.) **Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked**
- **For Procedural Sedation Privileges:** Must show PALS, ATLS, or ACLS Certification

### **PEDIATRIC ENDOCRINOLOGY AND DIABETES**

#### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent foreign degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a pediatric endocrinology subspecialty fellowship program. Individuals certified in adult endocrinology who have had extensive experience in pediatric endocrinology or have a specific area of expertise (e.g. Reproductive Endocrinology with specific endocrine procedures) may qualify with the approval of the Physician-in-Chief, and the Chief, Pediatric Endocrinology. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics or Internal Medicine; and must be American Board certified in Pediatric Endocrinology within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division



chief, department head and credentials and MEC committees.

- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of a sufficient number of pediatric endocrinology and/or diabetes cases in the past 24 months of active clinical practice to be judged acceptable by the division chief and/or department chair. Experience garnered during training may be included.
- **References:** Reference letters from **three** pediatric, endocrinology or pediatric endocrinology specialists who are familiar with the applicant's pediatric experience and/or expertise and which whom the applicant has worked with during the preceding two years are required.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the General Pediatrics Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office.
- Applicants for the Pediatric Endocrinology and Diabetes Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed a sufficient number of pediatric endocrinology and/or diabetes cases in the past 24 months to permit evaluation.
- In addition there must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to pediatric endocrinology in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

**SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment or Reappointment an applicant must have performed at least **5** of the requested General Pediatric Invasive Procedures during the past 12 months and at least **10** of the requested Pediatric Endocrinology Invasive procedures. **Special Requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Endocrinology.**

**Special Procedures:**

In order to qualify for special procedures an applicant must have greater than two (2) years of experience or certification by his/her training program of competence in performing the requested invasive procedure(s) and that they have performed a sufficient number of procedures, under supervision, to verify technical competency. (A minimum of **5** cases per year must be performed to qualify for reappointment).

- Procedural sedation (attach copy of ATLS/PALS/ACLS or CHP Sedation Training certificate)

**PEDIATRIC GASTROENTEROLOGY****Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a pediatric gastroenterology subspecialty fellowship program. Candidates for the pediatric gastroenterology core must be American Board certified (ABMS accredited Board) in Pediatrics; and must be American Board certified in Pediatric Gastroenterology within five (5) years of becoming eligible to sit for the exam. Individuals certified in adult gastroenterology who have had extensive experience in pediatric gastroenterology or have a specific area of expertise (e.g. ERCP) may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Gastroenterology. Exceptions may be considered in unusual circumstances with approval of the Division Chief, Department Chair and Credentials and Medical Executive Committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of at least **200** inpatient and/or outpatient pediatric gastroenterology cases in the past 24 months of active clinical practice. If applying for endoscopy privileges other than endoscopic retrograde cholangiopancreatography (ERCP), the applicant must have performed a minimum of **70** procedures in the past 24 months of active clinical practice. Physicians applying for ERCP privileges specifically must have performed a minimum of **120** of these procedures in the past 24 months of active clinical practice. Exceptions may be considered in unusual circumstances with approval of the Division Chief,

Department Chair, and Credentials and Medical Executive Committee.

- **References:** Reference letters from **three** pediatric, family practice or pediatric gastroenterology specialists with whom the applicant has worked during the preceding two years are required. If a physician desiring endoscopy privileges completed fellowship training within the past 12 months, a letter from his/her program director should verify that the applicant has successfully performed at least the minimum number of specific individual procedures necessary to acquire competence in these areas as set forth by the Training and Education Committee of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHN).

**Reappointment to Active or Affiliate Staff:**

- Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the pediatric gastroenterology core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **50 inpatient** and/or outpatient pediatric gastroenterology cases in the past 24 months. If applying for continuation of procedural privileges, the applicant must have performed at least **35** endoscopic procedures of **any type** in the past 24 months. Physicians applying for continuation of ERCP privileges specifically must have performed **100** of these procedures in the past 24 months.
- Applicants for the General Pediatric Medical Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months.
- In addition there must be documented evidence (listing of course, date, CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to pediatric gastroenterology in the preceding 24 months. **Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked**

**SPECIFIC PROCEDURAL PRIVILEGES**

**Initial Appointment:** Minimum of 70 procedures total of those listed below over prior 24 months.

**Reappointment:** Minimum of 35 procedures of those listed below over

prior 24 months.

**If Fellowship training completed within prior 12 months:** Verification required from program director that minimum numbers required to attain competence in specific procedures, as set forth by **NASPGHN**, have been met.

**ERCP:** Minimum of 120 specific ERCP procedures total over prior 24 months for initial appointment; minimum of 100 specific ERCP procedures total over prior 24 months for reappointment.

**Specific Procedural Privileges do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Gastroenterology.**

**Upper Endoscopy:**

- Esophagogastroduodenoscopy (EGD) +/- biopsy (bx)
- EGD w/foreign body removal
- EGD w/variceal sclerotherapy or banding
- EGD for control of hemorrhage
- EGD w/dilatation of esophageal stricture or achalasia
- Endoscopy w/percutaneous gastrostomy tube placement (PEG)
- Endoscopy w/conversion of gastrostomy tube to jejunal tube
- Enteroscopy +/- bx (via upper endoscopy)
- Enteroscopy for control of hemorrhage (via upper endoscopy)
- Ileoscopy through stoma +/- bx
- Ileoscopy through stoma for control of hemorrhage

**Endoscopic Retrograde Cholangiopancreatography (ERCP):**

- ERCP, diagnostic
- ERCP, therapeutic

**Lower Endoscopy:**

- Flexible sigmoidoscopy +/- bx
- Colonoscopy +/- bx
- Colonoscopy w/polypectomy
- Colonoscopy for control of hemorrhage

**Motility and pH Probe Studies:**

- Esophageal pH monitoring
- Esophageal manometry
- Antroduodenal motility
- Colonic motility
- Anorectal manometry

**Miscellaneous Procedures:**

- Rectal suction bx
- Percutaneous liver bx

- Paracentesis
- Procedural sedation (attach PALS, ATLS, ACLS or CHP Sedation Training certificate)

### **PEDIATRIC HEMATOLOGY/ONCOLOGY AND BONE MARROW TRANSPLANTATION**

#### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric, internal medicine or other American Board of Medical Specialties recognized specialty residency program; training program must be approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant who is applying for the pediatric hematology/oncology and bone marrow transplantation core must also demonstrate successful completion of a pediatric hematology/oncology and bone marrow transplantation subspecialty fellowship program. Individuals certified in adult hematology/oncology and bone marrow transplantation who have had extensive experience in pediatric hematology/oncology and bone marrow transplantation or have a specific area of expertise (e.g. stem cell transplantation) may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Hematology/oncology and bone marrow transplantation. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics; and must be American Board certified in Pediatric Hematology/oncology and bone marrow transplantation within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of at least **150** pediatric hematology/oncology and bone marrow transplantation cases in the past 24 months of active clinical practice. Experience garnered during training may be included.
- **References:** Reference letters from **three** Pediatricians, Hematology/Oncologists familiar with the applicant's Pediatric Experience or "Specific/Special Expertise experience" or Pediatric Hematology/Oncologist that the applicant has worked with during the preceding two years is required.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the General Pediatric Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office.
- Applicants for the Pediatric Hematology/Oncology Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **150** pediatric hematology/oncology and/or bone marrow transplantation cases in the past 24 months.
- In addition there must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to pediatric hematology/oncology and bone marrow transplantation in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

**SPECIAL REQUESTS:**

In order to be granted privileges upon initial appointment or reappointment, an applicant must have performed at least 25 of the total requested Pediatric Hematology/Oncology and Bone Marrow Transplantation invasive procedures in the past 24 months. Must be documented by means of a case/procedure log for initial appointment and should be available, on request, at reappointment. **Special Requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Hematology/Oncology and Bone Marrow Transplantation.**

**Special Invasive Procedures:**

**Percutaneous Biopsy:**

- Bone Marrow
- Skin

**Aspirations:**

- Bone Marrow

- Thoracentesis
- Paracentesis
- Joint
- Lymph Node
- Lumbar puncture

**Catheterization:**

- Percutaneous Arterial Line Placement
- Percutaneous Catheterization of Veins

**Procedures Performed in O.R:**

- Bone Marrow Harvesting
- Bone Marrow Aspiration
- Bone Marrow Transplantation
- Lumbar Puncture

**Other:**

- Administer IT Chemotherapy
- Exchange Transfusion
- Order/monitor Chemotherapy
- Procedural Sedation (Attach copy of PALS/ATLS/ACLS or CHP Sedation Training Certificate)
- PCA Management
- 

**PEDIATRIC INFECTIOUS DISEASES**

**Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a pediatric infectious diseases subspecialty fellowship program. Individuals certified in adult infectious diseases who have had extensive experience in pediatric infectious diseases may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Infectious diseases. Candidates for the pediatric infectious diseases core must be American Board certified (ABMS accredited Board) in Pediatrics; and must be American Board certified in Pediatric Infectious diseases within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.

- **Required previous experience:** The applicant must demonstrate successful management of at least **100** pediatric infectious diseases cases in the past 24 months of active clinical practice. Experience garnered during training may be included.
- **References:** A letter of reference must come from the director of the applicant's fellowship program or from the chief of pediatric infectious diseases at the institution where the applicant was most recently affiliated. In addition, the names and contact information for **two** other Infectious Disease specialists familiar with the applicant's Pediatric and one Pediatric Infectious Disease specialist that the applicant has worked with during the preceding two years is required.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the General Pediatric Core must demonstrate that they have maintained competence by showing evidence to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office.
- Applicants for the Pediatric Infectious Diseases Core must demonstrate that they have maintained competence by showing evidence to the satisfaction of the division chief that they have managed at least **100** pediatric infectious diseases cases in the past 24 months.
- In addition there must be documented evidence (listing of course, date, CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to pediatric infectious diseases in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.

**PEDIATRIC MEDICAL GENETICS**

**Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA)



or equivalent international training; in addition, in order to qualify for the pediatric medical genetics core, the applicant must also demonstrate successful completion of a pediatrics/clinical (medical) genetics residency OR a clinical (medical) genetics subspecialty fellowship program. Individuals certified in internal medicine and clinical (medical) genetics who have had extensive experience in pediatric clinical (medical) genetics or have a specific area of expertise (e.g. biochemical genetics) may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Medical Genetics. Candidates must be Board certified (American Board of Medical Genetics) in Clinical Genetics within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.

- **Required previous experience:** The applicant must demonstrate successful management of at least **125** pediatric medical genetics cases in the past 24 months of active clinical practice. Experience garnered during training may be included.
- **References:** A letter of reference must come from the director of the applicant's fellowship program or from the chief of pediatric medical genetics at the institution where the applicant was most recently affiliated.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants must demonstrate that they have maintained competence by showing evidence that they have managed at least **100** pediatric medical genetics cases in the past 24 months.
- In addition there must be documented evidence of a minimum of 30 Category I continuing medical education hours related to pediatric medical genetics in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

**SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment or Reappointment, an applicant must have performed at least 5 of the requested General Pediatric Invasive Procedures during the past 12

months. **Special requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Medical Genetics.**

**Special Procedures/Treatments**

- Enzyme replacement for genetic disease
- Gene therapy for management of an inborn error of metabolism
- Skin biopsy

**NEONATOLOGY**

**Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a neonatology subspecialty fellowship program. Individuals certified in pediatrics or family medicine who have practice which encompasses a patient population that utilizes the NICU on a frequent basis or have a specific area of expertise may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Neonatology. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics; and must be American Board certified in Neonatology within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate successful management of at least 20 neonatology cases in the past 24 months of active clinical practice. Experience garnered during training or while at another Level III NICU may be included.
- **References:** A letter of reference must come from the director of the applicant's fellowship program or from the chief of neonatology at the institution where the applicant was most recently affiliated.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.

- Applicants must demonstrate that they have maintained competence by showing evidence to the satisfaction of the division chief that they have managed at least **20** neonatology cases in the past 24 months.
- In addition there must be documented evidence (listing of course, date, CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to neonatology in the preceding 24 months.  
Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

#### **Special Procedures:**

- Extracorporeal life support (ECMO) (requires formal training and 2 years' experience)
- Procedural Sedation (attach NRP course certificate)

### **PEDIATRIC NEPHROLOGY**

#### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant for the pediatric nephrology core must also demonstrate successful completion of a pediatric nephrology subspecialty fellowship program. Individuals certified in adult nephrology who have had extensive experience in pediatric nephrology or who have a specific area of expertise (e.g. focal glomerulosclerosis) may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Nephrology. Candidates must be American Board certified (ACGME accredited Board) within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of at least **200** pediatric nephrology cases in the past 24 months of active clinical practice. Experience garnered during training may be included.

- **References:** Reference letters from three pediatric, nephrology or pediatric nephrology specialists familiar with the applicant's pediatric experience and expertise and with whom the applicant has worked in the preceding two years is required.

**Reappointment to Active or Affiliate Staff:**

- Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the pediatric nephrology core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **200** pediatric nephrology cases in the past 24 months.
- Applicants for the pediatric medical core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or newborn cases in the past 24 months – either inpatient or outpatient/office.
- In addition there must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 15 continuing medical education hours related to pediatric nephrology in the past 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

**SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment or Reappointment, an applicant must have performed at least 10 of the requested Special Procedures during the past 24 months. Experience must be documented by a case/procedure log for initial appointment and should be available, on request, at Reappointment. **Special requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Nephrology.**

**Special Procedures**

- Percutaneous renal biopsy
- Bladder catheterization
- Procedural sedation (attach copy of ATLS/PALS/ACLS or CHP Sedation training certificate)

**PHYSICAL MEDICINE & REHABILITATION**

- **For Procedural sedation** (attach PALS/ATLS/ACLS or CHP Sedation Course certificate)

**Initial Appointment:**

- **Basic Education:** The applicant must have obtained a MD or DO or equivalent international degree
- **Physical Medicine & Rehabilitation Core:** The applicant must demonstrate successful completion of a Physical Medicine & Rehabilitation (PM&R) residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training. The applicant must be American Board certified (ABMS or AOA accredited Board) in PM&R within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in the case of an internationally trained applicant or in unusual circumstances with approval of the division chief, Credentials and Medical Executive committees.
- **Pediatric Physical Medicine & Rehabilitation Core:** The applicant must demonstrate successful completion of a Pediatric Physical Medicine & Rehabilitation (PPM&R) residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training. The applicant must be American Board certified (ABMS or AOA accredited Board) in PPMR within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in the case of an internationally trained applicant or in unusual circumstances with approval of the division chief, Credentials and Medical Executive committees.
- **Required Previous Experience:** Applicants with privileges under the PM&R Core and/or PPM&R Core must demonstrate that they have clinical competence by verifying to the satisfaction of the division chief that they have managed at least **50** Pediatric PM&R cases in the past 24 months of active clinical practice. Exceptions may be considered in the case of an internationally trained applicant or in unusual circumstances with approval of the division chief, Credentials and Medical Executive committees.
- **References:** Reference letters from **three** pediatric or physical medicine/rehabilitation specialists familiar with the applicant's pediatric experience and with whom the applicant has worked in the preceding two years is required.

**Reappointment to Active or Affiliate Staff:**

- Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants with privileges under the Physical Medicine & Rehabilitation Core and/or Pediatric Physical Medicine & Rehabilitation Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **50** PM&R cases in the past 24 months of active clinical practice.
- **In addition there must be documented (listing of course, date, CME's awarded) evidence of a minimum of 30 Category I continuing medical education hours related to pediatric PM&R in the preceding 24-month period. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked**

**PEDIATRIC PULMONOLOGY**

**Initial Appointment:**

- **Basic Education:** MD or DO or equivalent foreign degree
- **General Pediatric Medical Core:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training. Candidates must be American Board certified (ABMS accredited Board) within five (5) years of becoming eligible to sit for the exam.
- **General Pediatric Pulmonology Medical Core:** The applicant must also demonstrate successful completion of a Pediatric Pulmonology subspecialty fellowship program. Individuals certified in adult Pulmonology or have a specific area of expertise (e.g. cystic fibrosis, sleep medicine, ion transport, infectious disease) may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Pulmonology. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics or relevant specialty (i.e. Neurology); and must be American Board certified in Pediatric Pulmonology within five (5) years of becoming eligible to sit for the exam. Required Experience: The applicant must demonstrate by means

of a case procedure log, the successful management of at least **200** Pediatric Pulmonology or sleep medicine cases in the past 24 months of active clinical practice. In order to receive privileges extending to pediatric flexible bronchoscopy, the applicant will have performed at least fifty (50) procedures in a supervised setting. In addition, if the applicant for privileges to perform this procedure has been a fellow-in-training within the preceding 5 years, then attestation as to the applicant's competency must be given by a reference from that training program, preferably from the Fellowship Director. If the applicant completed fellowship training more than 5 years before, then he/she must provide a surgical log or procedure data documenting the performance of an average of at least 10 flexible bronchoscopic procedures per year. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.

- **General Pediatric Sleep Medicine Core:** The applicant must also demonstrate successful completion of a Pediatric Pulmonology or Neurology subspecialty fellowship program. Individuals certified in adult Pulmonology or Neurology who have had extensive experience in Pediatric Pulmonology or have a specific area of expertise (e.g. cystic fibrosis, sleep medicine, ion transport, infectious disease) may qualify with the approval of the Chair, Department of Pediatrics, and the Chief, Pediatric Pulmonology. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics or relevant specialty (i.e. Neurology); Required Experience: The applicant must have interpreted at least fifty (50) procedures in a supervised setting as documented through a case log within the past 36 months. In addition, if the applicant for privileges to perform this service has been a fellow-in-training within the preceding 5 years, then attestation as to the applicant's competency must be given by a reference from that training program, preferably from the Fellowship Director. If the applicant completed fellowship training more than 5 years before, then he/she must provide a log documenting the interpretation of an average of at least 10 polysomnogram procedures per year. Under special circumstances determined by and with the approval of the Chief of the Division of Pediatric Pulmonology, the requirement of 10 polysomnogram or bronchoscopy procedures per year may be waived. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **References:** Reference letters from three references must come from the director of the applicant's fellowship program or from the chief of Pediatric Pulmonology at the institution where the applicant was most recently affiliated.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief showing evidence that they have managed at least **240** Pediatric Pulmonology, bronchoscopy, and/or sleep medicine cases in the past 24 months.
- In addition there must be documented evidence of a minimum of 30 Category I Continuing Medical Education hours related to Pediatric Pulmonology or Sleep Medicine in the past 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

**SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment an applicant must have performed at least 10 of the requested General Pediatric Invasive Procedures during the past 24 months, and at least 20 of the requested Pediatric Pulmonology Invasive Procedures. **Special Requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Pulmonology.**

**Special Invasive Procedures:**

In order to qualify for invasive procedures, an applicant must have greater than two (2) years experience performing the procedure or certification by his/her training program of competence in performing the requested invasive procedure(s) and that they have performed a sufficient number of procedures, under supervision, to verify technical competency. In order to be granted initial privileges for special invasive procedures, a minimum of **50** procedures must be performed. A minimum of **10** cases over 24 months must be performed to qualify for reappointment.

- Bronchoscopy
- Bronchoalveolar Lavage
- Transbronchial Biopsy

**Miscellaneous Procedures:**

- Procedural Sedation (must include PALS, ACLS, ATLS or CHP



training program certificate)

## **PEDIATRIC RHEUMATOLOGY**

### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent international degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric or internal medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training; in addition, the applicant must also demonstrate successful completion of a rheumatology or pediatric rheumatology subspecialty fellowship program. Applicant's training program must have had at least a 35% pediatric component or current practice must consist of at least 33% pediatric patients. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics or Internal Medicine; and must be American Board certified in Rheumatology or Pediatric Rheumatology within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of at least **100 pediatric** rheumatology cases in the past 24 months of active clinical practice. Experience garnered during training may be included.
- **References:** Reference letters from **three** rheumatologist or pediatric specialists who are familiar with the applicant's pediatric experience and with whom the applicant has worked in the preceding two years is required.

### **Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least **100** pediatric rheumatology cases in the past 24 months.

- In addition there must be documented (listing of Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to rheumatology in the preceding 24 months.

### **SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment or Reappointment an applicant must have performed at least 5 of the requested Invasive Procedures during the past 12 months and at least 5 of the requested Pediatric Rheumatology Invasive procedures. These must be documented by a case/procedure log at Initial Appointment and should be available, on request, at reappointment. Special requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Rheumatology.

### **Special Invasive Procedures:**

- Joint aspiration & injection
- Procedural sedation (attach PALS/ATLS/ACLS or CHP Sedation Course certificate)

### **PEDIATRIC WEIGHT MANAGEMENT AND WELLNESS DIVISION**

#### **Initial Appointment:**

- **Basic Education:** MD or DO or equivalent foreign degree
- **Minimal formal training:** The applicant must demonstrate successful completion of a pediatric, internal medicine or family medicine residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or equivalent international training. Individuals certified in adult weight management who have had extensive experience in pediatric weight management or have a specific area of expertise may qualify with the approval of the Physician-in-Chief, and the division chief. Candidates must be American Board certified (ABMS accredited Board) in Pediatrics, Family Medicine or Internal Medicine within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the division chief, department head and credentials and MEC committees.
- **Required previous experience:** The applicant must demonstrate by means of a case/procedure log the successful management of 20

**pediatric** and/or adolescent weight management and wellness cases in the past 36 months of active clinical practice to be judged acceptable by the division chief and/or department chair. Experience garnered during training may be included.

- **References:** Reference letters from **three** pediatric, family practice, or pediatric endocrinology specialists who are familiar with the applicant's pediatric, weight management and adolescent experience and/or expertise and which whom the applicant has worked with during the preceding two years are required.

**Reappointment to Active or Affiliate Staff:**

- **Reappointment:** Reappointment shall be based on objective results of care according to existing quality of care mechanisms; activity must comply with the Medical Staff Development Policy.
- Applicants for the General Pediatrics Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed at least 24 pediatric and/or adolescent cases in the past 24 months – either inpatient or outpatient/office.
- Applicants for the Pediatric Endocrinology and Diabetes Core must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed a sufficient number of pediatric endocrinology and/or diabetes cases in the past 24 months to permit evaluation.
- Applicants for the Pediatric Weight Management and Wellness must demonstrate that they have maintained competence by verifying to the satisfaction of the division chief that they have managed a sufficient number of pediatric obesity and weight management cases in the past 24 months to permit evaluation.
- In addition there must be documented (listing of course, date, CMEs awarded) evidence of a minimum of 30 Category I continuing medical education hours related to pediatric obesity, nutrition, weight management, and/or endocrinology, metabolism and diabetes in the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

**SPECIAL REQUESTS:**

In order to be granted privileges upon Initial Appointment or

Reappointment an applicant must have performed at least 5 of the requested General Pediatric Invasive Procedures during the past 12 months and at least 10 of the requested Pediatric Endocrinology Invasive Procedures. **Special Requests do not include admitting privileges unless applicant is also requesting core privileges in Pediatric Endocrinology.**

**Special Procedures:**

In order to qualify for special procedures an applicant must have greater than two (2) years of experience or certification by his/her training program of competence in performing the requested invasive procedures(s) and that they have performed a sufficient number of procedures, under supervision, to verify technical competency. (A minimum of 5 cases per year must be performed to qualify for reappointment).

- Procedural sedation (attach copy of ATLS/PALS/ACLS or CHP Sedation Training certificate)