

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

**Facility:** UPMC Passavant

**Specialty:** PEDIATRICS

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	The successful completion of an approved (ACGME/AOA) post graduate residency program in Pediatrics
<b>CERTIFICATION</b>	Certified, or become certified within five years following completion of residency and/or fellowship training, by the appropriate specialty board of the ABMS, or the AOA
<b>OTHER</b>	N/A