

## Department of Pathology Privileges Request Form

*I am requesting the specific privileges marked below. I understand that I may request additional privileges, or privileges in another Clinical Department, at any time. I also understand that the granting of these privileges is subject to verification of proficiency by the Chair of the Department, the Credentials Committee of the Medical Staff, and/or any other person or body appropriately designated under the Bylaws, Rules and Regulations of the Medical Staff.*

*I understand that in an emergency (any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient), I am authorized to treat any medical disease and/or perform any medical or surgical procedure indicated that is within the scope of my license.*

**Basic Education/Certificates:** M.D. or D.O. or foreign-trained equivalent

**Minimum Formal Training:** For Basic Privileges: Requiring a level of training generally associated with persons who have completed the residency program prescribed by the American Board of Pathology in Anatomic Pathology, and a level of skill and ability generally associated with persons who are diplomates of that board.

**Applicant Name:** \_\_\_\_\_

### Proctoring Requirements – [Department-wide Pathology Standards]

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A Proctor has reviewed for diagnostic approach and accuracy a sufficient number of initial pathology reports and/or slides.

Directors run a division-specific proctoring process, according to their proctoring procedures (different numbers – 50-100- of reports or slides are viewed in different divisions) when the new faculty begins clinical responsibilities

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Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<b>CATEGORY 1 -- BASIC PRIVILEGES</b>			
Patient management, including diagnostic procedures and interventions encompassing the areas described below and similar activities			
<input type="checkbox"/>	<p><b>A -Basic privileges in Anatomic Pathology</b></p> <p>Basic privileges in Pathology encompass analysis, reporting, and interpretation of diagnostic results in anatomic pathology includes: autopsy pathology, clinical informatics, cytopathology, dermatopathology, forensic pathology, hematopathology, microbiology, molecular genetic pathology, neuropathology, pediatric pathology and surgical pathology. Entails examination and diagnostic analysis of routine and other stains, electron microscopy, flow cytometry, molecular, and intraoperative/frozen section diagnosis of patient specimens. Individuals who do not qualify for Basic Privileges indicated above covering all aspects of anatomic pathology may indicate their specific areas of privileging from the following list in Limited Privileges below.</p>	See above- <b>Minimum Formal Training</b>	

Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<b>CATEGORY 2 – DIVISION/SUBSPECIALTY PRIVILEGES</b>			
Subspecialty board(s) designation is not required for general pathology service. It represents more extensive training.			
<input type="checkbox"/>	1 Ultrasound Guided Needle Biopsy, soft tissues excluding chest cavity and abdominal cavity	<p><b>Criteria:</b> Min 1 hour core curriculum lectures and min 1 hour bench practice; Observe 25 procedures; Perform 20 procedures under supervision with at least 90% satisfactory specimens</p>	<p><b>Criteria:</b></p> <p>Maintenance criteria: 20 procedures per year reviewed at QA conference with 90% satisfactory specimens</p>



Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<b>CATEGORY 3-- LIMITED PRIVILEGES</b>			
Patient management limited to the areas specified below.			
<input type="checkbox"/>	<b>A Clinical Informatics</b>	Patient care responsibilities, including diagnostic procedures and interventions for <u>physicians board certified in other subspecialties</u> and who, by virtue of experience or training, demonstrate a level of skill and abilities equivalent to persons who are diplomates of the American Board of Pathology, its subspecialty board(s) or equivalent certifying specialty board(s) in the area(s) requested.	
<input type="checkbox"/>	<b>B Dermatopathology</b>		
<input type="checkbox"/>	<b>C Hematopathology/Hematology</b>		
<input type="checkbox"/>	<b>D Medical Microbiology</b>		
<input type="checkbox"/>	<b>E Molecular Genetic Pathology</b>		
<input type="checkbox"/>	<b>F Neuropathology</b>		



APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENTAL REVIEW AND RECOMMENDATION

A. For new appointments:

\_\_\_\_ 1 Recommend initial appointment with privileges proctored by: \_\_\_\_\_  
Provider's Name, Campus Box

\_\_\_\_ 2 Recommend initial appointment with privileges modified as follows subject to proctoring:  
\_\_\_\_\_

B. For reappointments:

\_\_\_\_ 1 Recommend a 2-year reappointment with privileges as requested.

\_\_\_\_ 2 Recommend a \_\_\_\_ Year reappointment with privileges modified as following:  
\_\_\_\_\_

\_\_\_\_ 3. Recommend termination of appointment.

I am not aware of any physical or mental health status issue that could in any way impair this individual's abilities to practice within the privileges requested.

\_\_\_\_\_  
UCSF Division Chief signature: **NAME, MD** Date

\_\_\_\_\_  
UCSF Department Chair signature: **NAME, MD** Date