

DETROIT MEDICAL CENTER

**DEPARTMENT OF EMERGENCY MEDICINE**  
**DELINEATION OF PRIVILEGES IN MEDICAL TOXICOLOGY AND CLINICAL TOXICOLOGY**

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

PLEASE PRINT

**QUALIFICATIONS:**

**A. Initial Applications**

1. All applicants for appointment must have an M.D., D.O., or Pharm.D. and be currently licensed to practice medicine or pharmacy in the State of Michigan. Initial applicants for appointment are required to submit all required documentation as defined in policy. Peer reference letters must be from practitioners who are acquainted with the applicant's current professional status, medical practice and involvement in the field of Medical or Clinical Toxicology.
2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency program in Medical Toxicology **and** , current sub-specialty certification or documented participation in the sub-specialty certification process offered by either the American Boards of Emergency Medicine, Pediatrics or Preventive Medicine or, the American Osteopathic Board of Emergency Medicine, **OR;**
3. Current sub-specialty certification in Medical Toxicology by the American Boards of Emergency Medicine, Pediatrics or Preventive Medicine or, the American Osteopathic Board of Emergency Medicine, **OR;**
4. Successful completion of a residency in Clinical Toxicology (PharmD. only), **OR;**
5. Current certification in Clinical Toxicology by the American Board of Applied Toxicology. (PharmD. only)

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty.*

**B. Reappointment Requirements:**

1. The applicant must demonstrate current competence and adequate volume of clinical experience in the privileges requested. Minimum required volume is 10 consults directly to or on behalf of individual patients or populations per year. Documentation of competence should include acceptable patient outcomes, during the previous 24 months, as shown by Medical Staff Quality assessment and improvement activities.
2. Applicants for reappointment must complete their sub-specialty certification process within seven (7) years of Medical Toxicology residency completion or within five (5) years of Clinical Toxicology residency completion.

The Specialist-In-Chief, Emergency Medicine reserves the right to modify, make conditional or not approve any individual's privilege request by virtue of that individual's training and/or experience.

Delineation of Privileges in Medical Toxicology and Clinical Toxicology

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

**PLEASE PRINT**

**PRIVILEGES REQUESTED:**

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

**Note:** *If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form.*

**Applicant: Please place a check mark in the (R) column for each privilege requested.**

**(R) (A) (C) (N)**

**Core Privileges in Medical Toxicology**

Assess, diagnose and provide treatment or treatment recommendations to patients of all age groups (in the hospital-based clinic, in-patient units, critical care units, freestanding Urgent Care Center/Ambulatory Reception Center, and Emergency Departments) based on appropriate training, who present with injury or illness relating to acute or chronic exposure to pharmaceutical, environmental or occupational intoxicants.

**Core Privileges in Clinical Toxicology (PharmD only)**

**Request of Practitioner**

I request privileges in Medical Toxicology / Clinical Toxicology in accordance with the criteria stated above. The required documentation of qualifications is attached.

\_\_\_\_\_  
Signature, Applicant

\_\_\_\_\_  
Date

**Specialist-in-Chief Recommendation:**

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

Recommend as requested.

Do not recommend.

Recommend with conditions/modifications as listed. \_\_\_\_\_

\_\_\_\_\_  
Signature, Specialist-in-Chief (or designee)

\_\_\_\_\_  
Date

**Joint Conference Committee Approval** \_\_\_\_\_

\_\_\_\_\_  
Date

DETROIT MEDICAL CENTER

**BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior to **July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013