DETROIT MEDICAL CENTER DEPARTMENT OF DERMATOLOGY DELINEATION OF PRIVILEGES

APPLICANT NAME: _____

PLEASE PRINT

QUALIFICATIONS

Dermatology privileges may be exercised in any inpatient and outpatient facility of the Detroit Medical Center, except as otherwise noted.

Core Privileges

Successful completion of an ACGME/AOA three-year accredited residency training program in Dermatology.

Current Board Certification or active participation in the certification process leading to certification in Dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology. Certification must be achieved within five years of completion of residency training.

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. (See Board Certification addendum)

Required Previous Experience

Applicant must demonstrate satisfactory patient care (inpatient, consultations or outpatient procedures) of at least **20** patients during the past 12 months (experience during residency/fellowship training applies to this requirement).

Special Procedures

- Laser Surgery Skin (Only available at Sinai Grace Hospital):
 - Proof of successful completion of applicable post-graduate training course or proof of training during residency. Members granted laser surgery privileges must also comply with the standards and prerequisites of the Sinai Grace Hospital Laser Department.
- MOHS Micrographic Surgery Successful completion of fellowship program.
- Cosmetic and Deep Chemical Peels Proof of successful completion of a post-graduate course or training during residency.

Observation/Proctoring Requirements:

Observation and/or proctoring may be required as a result of reports from the Departmental quality assessment and improvement processes. Initial applicants will be concurrently proctored for the first **5** patients by chart review

Reappointment Requirements

Current demonstrated competence and a minimum of 2 patient contacts in the previous 12 months, with acceptable results in the privileges requested as determined by ongoing professional performance evaluations and as a result of quality assessment/improvement activities and outcomes.

Membership Only Status (No Clinical Privileges):

Initial applicants: If you will only be referring patients to the DMC you may wish to apply for Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

Reappointment applicants: Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only (no clinical privileges).

DELINEATION OF PRIVILEGES IN DERMATOLOGY

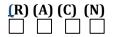
APPLICANT NAME: _____

PLEASE PRINT

PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended If recommendations for clinical privileges include a condition, modification or are not recommended, Note: the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

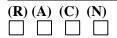
Applicant: Please place a check mark in the (R) column for each privilege requested.



MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

DO NOT COMPLETE THE REMAINDER OF THIS FORM. Sign form on PAGE 3.

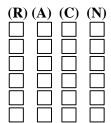


DERMATOLOGY CORE PRIVILEGES

Admit, work-up, diagnose and provide non-surgical therapy to patients of all ages with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, and cutaneous glands, oral mucous membrane) including consultation and the performance of the following procedures:

- -Simple excision and repair
- -Skin and nail biopsy
- -Scalp surgery
- -Skin grafting

DERMATOLOGY BASIC PROCEDURES



Simple Advancement and Rotational Flaps **Bipedicle Flaps Chemical Peels** Cryosurgery, skin KOH prep, Trichogram, scabies prep; Tzanck stain Dermatopathology

(\mathbf{R}) (\mathbf{A}) (\mathbf{C}) (\mathbf{N}) (\mathbf{R}) (\mathbf{A}) (\mathbf{C}) (\mathbf{N})

SPECIAL PROCEDURES - (See Qualifications and Specific Criteria)

- Laser Surgery, Skin (specify laser type) MOHS Micrographic Surgery Cosmetic chemical peels: Trichloracetic
- Cosmetic chemical peels: Phenol

MODERATE SEDATION

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

Initials

DELINEATION OF PRIVILEGES IN DERMATOLOGY

APPLICANT NAME:	
RECOMMENDATIONS	
Pediatric Chief Recommendation (if applicable)	
 Recommend as requested. Recommend with conditions/modifications as listed. 	□ Do not recommend.
Pediatric Chief Signature	Date
Children's Hospital Medical Staff Operations Comm	ittee Recommendation (if applicable)
 Recommend as requested. Recommend with conditions/modifications as listed. 	□ Do not recommend.
Chair, CHM MSOC Signature	Date
Specialist-in-Chief Recommendations	
I certify that I have reviewed and evaluated the applicant supporting documentation, and the recommendation that consideration:	
 Recommend as requested. Recommend with conditions/modifications as listed. 	Do not recommend.
Signature, Specialist-in-Chief Joint Conference Committee Approval:	Date
JCC Approved 10.27.09,2.22.11	Date
JCC Revised 05.29.15, 12.2.22	

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. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- 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 Foot and Ankle Surgery.
- If Board certification is time-limited, 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 with time-limited certifications will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- 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 10.27.2017