



**Pediatric Hematology/Oncology Privileges  
Department of Pediatrics**

**Name:** \_\_\_\_\_  
(Please print)

- \_\_\_\_\_ Initial privileges (initial appointment)
- \_\_\_\_\_ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- \_\_\_\_\_ Modification of privileges (*request for any additional privileges beyond those previously granted*)

**Basic Education: MD or DO**

**Minimal formal training:** Successful completion of an ACGME or AOA accredited residency in pediatrics followed by successful completion of an ACGME accredited fellowship in pediatric hematology/oncology *and* current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric hematology/oncology by the American Board of Pediatrics with 5 years of training completion.

**Required current experience:** Inpatient, outpatient, or consultative services for at least 24 pediatric patients, reflective of the scope of privileges requested, during the past 12 months *or* successful completion of an ACGME accredited clinical fellowship in pediatric hematology/oncology within the past 12 months.

**Additional Requirements:** Maintenance of Basic Life Support certification

<b>Facility (Check ALL that are applicable to your request)</b>				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

\*\*Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

**Core Pediatric Hematology/Oncology Privileges:**

Admit, perform history and physical exam, evaluate, diagnose, provide treatment and consultative services to neonates, infants, children and adolescents presenting with diseases and disorders of the blood, immune system, and cancerous diseases. May provide care to patients in the intensive care setting in conformance with unit policies. Physician may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges include but are not limited to:

Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes including intrathecal.

Assessment of tumor imaging by computed tomography, magnetic resonance, positron emission tomography scanning, and nuclear imaging techniques.

Complete blood count, including platelets and white cell differential, by means of automated or manual techniques.

Diagnostic lumbar puncture with evaluation of cerebrospinal fluid.

Lymph node aspiration.

Management and maintenance of indwelling venous access catheters.

Preparation, staining, and interpretation of peripheral blood smears, bone marrow aspirates, and touch preparations, as well as interpretation of bone marrow biopsies.

Serial measurement of tumor masses.

Therapeutic thoracentesis and paracentesis.

**Special Non-Core Privileges in Pediatric Hematology/Oncology:**

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

***Request for Privilege Not Listed in Core or Special Non-Core*** *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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***Department Chief Recommendation:***

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

\_\_\_\_\_ Recommended as Requested

\_\_\_\_\_ Recommended with Modifications (See comments below)

\_\_\_\_\_ Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Signature

\_\_\_\_\_  
Date