



PODIATRY PRIVILEGES REQUEST FORM

Please review these privileges carefully to determine those privileges for which you are qualified, either by proof of training or experience. Physicians requesting privileges should meet the qualification listed below.

Privileges: To admit, treat and consult with limitation. Dentals, oral surgeons and podiatrists who are members of the Medical Staff may admit patients only if a physician member of the Medical Staff conducts or directly supervises the admitting History & Physical examination report (*except the portion related to dentistry or podiatry*) and assumes responsibility for the care of the patient's medical problems at the time of admission or which may arise during hospitalization which are outside of the limited license practitioner's lawful scope of practice.

<u>CLASS I</u>		
<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ SIMPLE BUNIONECTOMY	_____	_____
_____ MORTON'S NEUROMA	_____	_____
_____ CLAW TOE REPAIR	_____	_____
_____ TOE NAIL SURGERY	_____	_____
_____ SIMILAR SIMPLE FOREFOOT PROCEDURES	_____	_____
CAN BE PERFORMED BY GRADUATES OF APPROVED COLLEGE OF PODIATRIC MEDICINE AFTER ADEQUATE PROCTORING BY THE SURGICAL STAFF.		

<u>CLASS II</u>		
<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ COMPLICATED BUNIONS, E.G., KELLER, MCBRIDE, LEVENTON, MITCHELL	_____	_____
_____ METATARSAL OSTEOTOMIES	_____	_____
_____ MP JOINT FUSIONS AND SIMILAR	_____	_____
_____ SIMPLE FLAT FOOT SURGERY AND SIMILAR UNCOMPLICATED OR SIMPLE HIND FOOT SURGERIES, I.E., OSTECTOMY, PLANTAR FASCIA RELEASE	_____	_____
CAN BE PERFORMED BY CERTIFIED PODIATRISTS WITH ONE YEAR OF POSTGRADUATE TRAINING AFTER ADEQUATE PROCTORING BY THE SURGICAL STAFF.		

<u>CLASS III</u>		
<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ TRIPLE ARTHRODESESES	_____	_____
_____ DWYER OSTEOTOMY	_____	_____
_____ GLEICH OSTEOTOMY	_____	_____
_____ SINUS TARSI REVISION	_____	_____

CAN BE PERFORMED BY CERTIFIED PODIATRISTS WITH TWO YEARS OF CERTIFIED POSTGRADUATE TRAINING AFTER ADEQUATE PROCTORING BY THE SURGICAL STAFF.

<u>CLASS IV</u>		
<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ SURGICAL TREATMENT OF THE ANKLE WITH TENDONS AT THE LEVEL OF THE ANKLE	_____	_____

CAN BE PERFORMED BY CERTIFIED PODIATRISTS WITH THREE YEARS CERTIFIED POSTGRADUATE TRAINING AFTER ADEQUATE PROCTORING BY THE SURGICAL STAFF.

NOTE: IN ADDITION TO TRAINING CERTIFICATION, DOCUMENTATION OF ACTUAL CASES (I.E., OP REPORTS) WILL BE REQUESTED.

On the basis of my training and experience, I am qualified to exercise and request the privileges which I have checked.

I have not requested privileges for any procedures for which I am not qualified. I am familiar with the laws of the State governing the practice of medicine and pledge to abide by these laws.

PRIVILEGES APPROVED: [] AS REQUESTED [] AS MODIFIED BELOW

 Applicant's Signature Date

 Chair, Surgery Department Date