

Family Practice

Name: _____

MEDICAL STAFF CATEGORY REQUESTED:

- Active – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.*
- Courtesy - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.*
- Consulting – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.*

Qualifications:

To be eligible for privileges in family practice, the applicant must meet the following qualifications:

- Current certification or active participation in the examination process leading to certification by the American Board of Family Practice or the American Osteopathic Board of Family Practice; or equivalent training as required for certification by the American Board of Family Practice or the American Osteopathic Board of Family Physician. or
- Completion of at least one year of postdoctoral training in an approved residency program in Family Practice.

Family Practice Privileges (Please indicate with a check mark the privileges requested)

- Evaluate, diagnose, consult and provide non-surgical treatment to patients in a consultative role for patients in need of care to treat general medical problems, including
- EKG interpretation, in partnership with the admitting physician.

Acknowledgement of practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Texas Health Harris Methodist Hospital Southlake, and

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: Recommend Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____