

**OCHSNER CLINIC FOUNDATION
DELINEATION OF CLINICAL PRIVILEGES
DEPARTMENT OF DERMATOLOGY**

CATEGORY I

Physicians with these privileges have had formal training, experience and ability in their stated field, but have not yet fulfilled every requirement for board certification. They are expected to request consultation whenever needed.

CATEGORY II

Physicians with these privileges have completed formal training in their field, but have not yet been certified by their board. They are expected to request consultation whenever needed.

CATEGORY III

Physicians with these privileges have completed formal training in their field and have been certified by their respective board. They are expected to request consultation whenever needed.

_____ **Please indicate the number of the category requested.**

A. GENERAL PRIVILEGES (Expertise acquired through a normal dermatology training program. By applying for general privileges, all procedures and privileges indicated on the attached privilege sheet are included, unless indicated in Section B below.)

List of Privileges Attached.

B. PRIVILEGES NOT APPLIED FOR: (List those privileges named on attached privilege sheet which you do not wish to apply for.)

C. SPECIAL PROCEDURES: (List those privileges requiring expertise acquired through additional training exclusive of the usual training in Dermatology - attach documentation of special competency.)

PLEASE ANSWER THE FOLLOWING QUESTION:

Will you use radioactive materials or x-ray producing equipment in any of the procedures you plan to perform?

Yes _____ No _____

PLEASE CHECK APPROPRIATE STAFF:

_____ **ACADEMIC-ACTIVE STAFF WITH ADMITTING PRIVILEGES** - I request full Academic-Active Medical Staff admitting privileges, with authorization to furnish care as indicated.

_____ **ACADEMIC-ACTIVE STAFF** - I request Academic-Active Medical Staff privileges, with authorization to furnish care as indicated.

_____ **CONSULTING-TEACHING STAFF** - I request Consulting Medical Staff privileges, with authorization to furnish care as indicated.

_____ **COURTESY STAFF** - I request Courtesy privileges only in the areas indicated on this form.

_____ **CONSULTING STAFF** - I request Consulting privileges only in the areas indicated on this form.

SIGNATURE OF APPLICANT

DATE

I RECOMMEND APPROVAL OF THE DELINEATION OF CLINICAL PRIVILEGES REQUESTED:

SIGNATURE OF DEPARTMENT CHAIRMAN

DATE

**OCHSNER CLINIC FOUNDATION
ADDENDUM TO DELINEATION OF CLINICAL PRIVILEGES
DEPARTMENT OF DERMATOLOGY**

A. GENERAL PRIVILEGES

Taking a general history and physical examination including but not limited to the skin and subcutaneous tissues.

Diagnosis and medical treatment of simple general medical problems of the skin or other organs in patients with dermatologic conditions.

Administration and interpretation of patch testing and intradermal tests.

Administration and interpretation of photo-testing and photo-patch testing.

Clinical mycological techniques including potassium hydroxide preparation, culture and identification of dermatophytes, molds, and contaminants, bacterial gram stains and Tzanck smears.

Review of dermatologic pathology slides as interpreted by the Department of Pathology in order to correlate with the clinical disease state.

Diagnosis and treatment of more complex life threatening or disfiguring dermatologic disorders.

Surgical procedures including hair transplantation, dermabrasion and tissue rearrangements, electrocautery or destructive techniques limited to the skin, subcutaneous tissue, and superficial muscle and cartilage, sclerotherapy of cutaneous vasculature, and chemical peels, except those specified in special privileges.

Supervision and administration of phototherapy and photopheresis therapy of skin disorders.

C. SPECIAL PROCEDURES

DERMATOPATHOLOGY

Rendering a formal consultation upon a histopathologic specimen that has been submitted by another physician, pathologist or dermatologist.

MOHS SURGERY

All aspects of patient management entailed by the performance of procedures in Mohs surgery by both in situ fixation and fresh tissue techniques.

LASER THERAPY

Use of all lasers, designed for the treatment of disorders of the integumentary system.

LIPOSUCTION

Performance of liposuction under local anesthesia or by the tumescent technique not to exceed 1500 cc.

Others, as requested by individual physicians with appropriate documentation of training and/or experience and approval of the department chairman.