EMERGENCY MEDICINE
PRIVILEGE FORM

NAME: ___________________________________________ EFFECTIVE DATE: ___________ To ___________

LEGEND:
1 – BMC - Jax
2 – BMC - Beaches
3 – BMC - Nassau
4 – SV Southside
5 – SV Riverside
6 – UF HealthJax/TCU
7 – Wolfson
8 – Brooks
9 – BMC – South
10 – SV Clay

The minimum education, training, and experience qualifications for core privileges are as delineated in each hospital’s Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an “X” in the appropriate hospital column.

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<td>EMERGENCY MEDICINE CORE PRIVILEGES</td>
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<td>Assess, work-up, performance of any laboratory procedure classified under CLIA 88 rules and regulations as Provider Performed Microscopy or any waived procedure approved by the director designated on the hospital waived testing certificate, and provide initial treatment to patients who present in the Emergency Department with any illness, injury, condition or symptom. Perform historical and physical examinations, including ordering and interpreting diagnostic studies. An emergency physician is expected to provide those services necessary to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients presenting with major illnesses or injuries, and to assess patients in order to determine if more definitive services are necessary. These privileges include procedures such as external cardiac pacing, surgical airway, thoracentesis, chest tube insertion and fiberoptic laryngoscopy exams. These privileges do not include provision of definitive long-term care for patients on an inpatient basis, or the ability to admit or perform scheduled elective procedures (with the exception of procedures performed during routine emergency room follow-up visits).</td>
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To request Special Procedures, please place an “X” in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

- Privilege not available in this specialty at this hospital.
++ Please refer to this hospital’s Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

Edition date – 10/9/17
EMERGENCY MEDICINE PRIVILEGE FORM

NAME: ___________________________________________ EFFECTIVE DATE: ____________ To ____________

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### FAST TRACK SPECIAL PROCEDURES

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

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- Incision and drainage (subcutaneous abscess/fluid)
- Lumbar Punctures [++]
- Uncomplicated, minor dislocations/Joint Reductions

### EMERGENCY MEDICINE SPECIAL PROCEDURES

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

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- Admit to a Critical Care Unit [++]
- Deep Sedation [++]
- Echocardiography [++]
- Fiberoptic Diagnostic Bronchoscopy [++]
- Moderate Sedation [++]
- Perform Ultrasound exams [++]

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital’s Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital’s Medical Staff Bylaws.

**Applicant Signature:** ___________________________  **Date:** ______________

- Privilege not available in this specialty at this hospital.
- Please refer to this hospital’s Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

Edition date – 10/9/17