

## Privileges in Hematology/Oncology

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

**Required Qualifications**

<b>Initial Core Criteria Education/Training</b>	<p>Successful completion of an ACGME or AOA accredited Residency training program in Pediatrics or foreign equivalent training</p> <p style="text-align: center;"><b>AND</b></p> <p>Successful completion of an approved Fellowship program in Pediatric Hematology/Oncology or foreign equivalent training.</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to sub-board certification in Pediatric Hematology/Oncology by the American Board of Pediatrics or foreign equivalent training/board.</p>
<b>FPPE</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

**Core Privileges**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide treatment to patients presenting with malignant tumors or illnesses and disorders of the blood, blood-forming tissue, or diseases of hemostasis	
	Management and care of indwelling venous access catheters	
	Diagnostic lumbar puncture	
	Bone marrow aspiration and biopsy	

**Qualifications**

**Clinical Experience (Reappointment)**      Minimum 30 Core Pediatric Hematology/Oncology inpatients or outpatients required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

**FPPE**

Core

## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Interpretation of bone marrow aspirates in conjunction with Pathology [Initial Criteria - Must perform 5 within 2-year period and provide documentation log. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Interpretation with Pathology of cerebrospinal fluid cytocentrifuge preparations [Initial Criteria -. Must perform 5 within 2-year period and provide documentation log. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Administration of systemic chemotherapy or immunotherapy, including systemic immunosuppressive therapy with drugs, antibody products, and cellular immunotherapy, for malignant or nonmalignant diseases in children and adolescents. [Initial Criteria - Must perform 20 within 2-year period and provide documentation log. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Administration of intrathecal chemotherapy for malignant diseases in children and adolescents [Initial Criteria -. Must perform 5 within 2-year period and provide documentation log. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	SHC Hematologist/Oncologists - Hematology/Oncology care limited to that required to care for adult patients in the multidisciplinary hemophilia clinic. [Initial Criteria - Meeting Core Privilege criteria for pediatric hematology/oncology training or equivalency is not required. Current active privileges in Hematology or Oncology at SHC. Renewal Criteria - Minimum management of 20 hematology or oncology patients required at SHC in the past two years.]	

### FPPE

- Administration of systemic chemotherapy or immunotherapy for malignant or nonmalignant diseases in children and adolescents
- Interpretation with Pathology of cerebrospinal fluid cytocentrifuge preparations
- Interpretation with Pathology of bone marrow aspirates
- Administration of intrathecal chemotherapy
- SHC Hematologist/Oncologists (managed at SHC) (Chart Reviews)

## Acknowledgment of Applicant

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 Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

**Service Chief Recommendation - FPPE Requirements**


Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request \_\_\_\_\_ Date \_\_\_\_\_