INITIAL APPOINTMENT REQUIREMENTS:

**BASIC EDUCATION:**
M.D. or D.O.

**MINIMAL FORMAL TRAINING:**
Successful completion of an ACGME or AOA accredited residency in clinical and/or anatomic pathology, and/or current certification or

**BOARD CERTIFICATION:**
Board certified in clinical and/or anatomic pathology. Applicants who are not board certified in clinical and/or anatomic pathology, active participation in the examination process leading to certification in pathology by the ABP or the AOBPa and MUST become certified within 7 years of their last episode of formal training. Board Certification must be continuously maintained.

**GRANDFATHER CLAUSE:**
Exceptions to the board certification/eligibility requirement will be made for those practitioners who have held privileges at Renown Regional Medical Center prior to 7/06.

**CONTINUING MEDICAL EDUCATION:**
Provide CME in accordance with the requirements of the State of Nevada for maintenance of their Nevada State Medical License. Some or all of the CME must be relevant to this specialty.

**REQUIRED CURRENT EXPERIENCE:**
Full or part time pathology services, reflective of the scope of privileges requested for the past 12 months.

OR

The successful completion of an approved ACGME or AOA residency in Pathology within the past 12 months.

*Applicants qualifying in either category of experience will be mentored concurrently and/or retrospectively for at least 200 general cases with at least 150 of those from an inpatient setting as well as 50 Cytology specimens, two (2) fine needle aspirations and ten (10) Frozen Sections.*

**OTHER REQUIREMENTS:**
Must be approved by Sierra Pathology Associates the exclusive contract group of Pathology Services at Renown Health

REAPPOINTMENT REQUIREMENT:
During reappointment all objectively generated data from the quality assurance/peer review process relevant to these privileges will be considered.

**REQUIRED EXPERIENCE:**
Board Certification or eligibility must be continuously maintained.

To be eligible to renew privileges in pathology, the applicant must demonstrate current competence and an adequate volume of experience as a full or part time pathologist, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges

**CONTINUING MEDICAL EDUCATION:**
Provide CME in accordance with the requirements of the State of Nevada for maintenance of Nevada State Medical License.
### ANATOMIC PATHOLOGY
Core privileges for anatomic pathology include the ability to perform patient diagnosis, ordering, consultation, and laboratory medical direction in the following disciplines:

- Surgical pathology (including intraoperative consultations for Gross and Cytology ONLY)
- Cytopathology
- Autopsy pathology
- Associated ancillary studies
- Grossing
- Fine Needle Aspiration
- Frozen Sections

Physicians should adhere to medical staff policy regarding emergency and consultative call services.

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### CLINICAL PATHOLOGY
Core privileges for clinical pathology include the ability to perform patient diagnosis, ordering, consultation, and laboratory medical direction in the following clinical pathology disciplines:

- Hematology and coagulation
- Blood bank and immunohematology
- Microbiology
- Serology
- Clinical chemistry (including the subdivisions of special chemistry, automated chemistry, endocrinology, radioimmunoassay, toxicology, and electrophoresis)
- Clinical microscopy
- Other routine clinical pathology functions.

Physicians should adhere to medical staff policy regarding emergency and consultative call services.

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### PRIVILEGES THAT CAN BE APPLIED FOR WITHOUT REQUESTING CORE PRIVILEGES but MUST BE APPROVED BY THE DEPARTMENT CHAIR TO SELECT without CORE.

**Requires documentation of education, training, clinical activity and certification as detailed.**

**Department Chair Signature:**

**Date:**

### AUTOPSY
- **Required previous experience:** A minimum of 25 documented Autopsies in career.
- **Reappointment requirement:** No additional documentation

### GROSSING
- **Required previous experience:** Candidate must be board certified or board eligible, which indicates enough grossing work. Applicant will be mentored for first 50 grossings.
- **Reappointment requirement:** No additional documentation
### INCLUSION/EXCLUSION

(Check the privilege and identify the privilege you wish to include/exclude)

<table>
<thead>
<tr>
<th>PRIVILEGES I WISH TO SPECIFICALLY EXCLUDE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SPECIAL NOTE: Please ONLY list those elective privileges for which you no longer wish to be credentialed. Privileges required by the PAMC Medical Staff Bylaws, Rules &amp; Regs to provide appropriate on-call support are not eligible for exclusion. Choosing to list any such mandatory privilege will be considered a voluntary resignation from the medical staff at PAMC, for inability to take specialty call. Only one privilege may be listed per line.</td>
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</table>

<table>
<thead>
<tr>
<th>PRIVILEGES I WISH TO INSURE ARE PART OF MY PRIVILEGES BASED ON TRAINING AND EDUCATION:</th>
</tr>
</thead>
</table>

### SPECIAL REQUESTS for PATHOLOGY

Requires documentation of education, training, clinical activity and certification as detailed.

<table>
<thead>
<tr>
<th>REGIONAL</th>
<th>SOUTH MEADOWS</th>
<th>REHAB</th>
<th>SURG ARTS</th>
<th>APPROVED</th>
<th>PROCTORING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Aspiration/Biopsy Interpretations</td>
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</table>

- **Required previous experience:** A minimum of 2 documented Bone Marrow Aspiration/Biopsy Interpretations in the previous 12 months. Applicant will be mentored on their first 2 Bone Marrow Aspiration/Biopsy Interpretations.

- **Reappointment requirement:** A minimum of 4 documented Bone Marrow Aspiration/Biopsy Interpretations in the previous 24 months

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No procedures may be written in on this list. Any procedure that you may wish to apply for that is not provided for on this list, must be submitted in writing and evaluated for appropriateness for the specialty, trained staff to support the request and equipment needed to perform the request.

I hereby request privileges as indicated by my selections above and certify that I am currently competent to perform the procedures I have requested based on my training, recent experience and within the scope of my medical license. I will provide documentation, as required, to support the granting of the privileges requested. I know of no health condition or inability to perform that, without reasonable accommodation, would impair my ability to competently perform these requested privileges. I understand that in making this request I agree to abide by the applicable bylaws, rules and regulations or policies of the hospital and/or medical staff. I further stipulate that I meet the threshold criteria for each privilege request. I also agree that I will practice within the scope of my training, education and Alaska State Licensure.

**Applicant’s Signature:** ____________________________ **Date:** __________________________

Department Chair recommends the following privileges for proctoring:

**Approved:** 6/15

**Revised:**