



SUMMARY OF ACTIONS TAKEN

March 24, 2026 – Quality and Professional Affairs Committee Meeting

Members Present:

Juan Jose Perez
John J. Warner
Elizabeth Seely

David E. Cohn
Scott A. Holliday
Stacy A. Brethauer

Traci Mignery
Corrin Steinhauer

Members Present via Zoom:

George A. Skestos

Eric C. Bourekas

Kami J. Maddocks

Members Absent:

Michael Papadakis

Andrew M. Thomas

PUBLIC SESSION

The Quality and Professional Affairs Committee of the Wexner Medical Center Board convened on Tuesday, March 24, 2026, virtually and in person, in Room 234 of Meiling Hall on the Columbus campus. Chair John Perez called the meeting to order at 4:00 p.m.

Item for Action:

1. Approval of Minutes: No changes were requested to the February 24, 2026, meeting minutes; therefore, a formal vote was not required, and the minutes were considered approved.

Item for Discussion:

2. Clinical Accomplishments: Dr. David Cohn, chief operating officer and chief medical officer of the James Cancer Hospital and Solove Research Institute, shared recent highlights from across the medical enterprise. The Wexner Medical Center (WMC) was ranked No. 37 by *Newsweek* on its list of “World’s Best Hospitals 2026.” The medical center recently opened a new primary care location in Powell. Along with Outpatient Care Powell — which opens in August 2026 and will host extensive medical services such as advanced urgent care, imaging, endoscopy, physical therapy and more — these efforts represent a significant step in the medical center’s ongoing efforts to bring world-class care closer to where people live and work.

Dr. Cohn also recognized several members of the medical faculty. Dr. Albert Chao has been named acting chair of the Department of Plastic and Reconstructive Surgery at the College of Medicine following Dr. Amy Moore’s appointment as the college’s interim dean. Dr. Mark Bechtel, chair of the Department of Dermatology, was recently elected as chair of the state medical board. Dr. Ann-Kathrin Eisfeld and Dr. Alice Mims were both elected as members of the American Society for Clinical Investigation.



EXECUTIVE SESSION

It was moved by Mr. Perez and seconded by Dr. Warner that the committee recess into executive session to discuss quality and safety matters, personnel matters regarding the appointment and employment of public employees, and to consult with legal counsel regarding pending or imminent litigation.

A roll-call vote was taken, and the committee voted to move into executive session with the following members present and voting: Mr. Perez, Mr. Skestos, Dr. Warner, Ms. Seely, Dr. Cohn, Dr. Bourekas, Dr. Maddocks, Dr. Holliday, Dr. Brethauer, Ms. Mignery and Dr. Steinhauer.

The committee entered into executive session at 4:06 p.m. and reconvened in public session at 4:38 p.m.

PUBLIC SESSION

Items for Action:

3. Approval of the Operational Policies and Procedures for the Powell Ambulatory Surgery Center
4. Establishment and Appointment of the Medical Executive Committee for the Powell Ambulatory Surgery Center
5. Medical Staff Appointments, Initial FPPE Recommendations and Requests for Additional and/or Special Privileges and Change in Category, March 2026:
 - a. OSU Wexner Medical Center
 - b. James Cancer Hospital and Solove Research Institute
 - c. New Albany Ambulatory Surgery Center
 - d. Dublin Ambulatory Surgery Center
6. Approval of New/Revised Privilege Application Forms:
 - a. Ophthalmology and Visual Sciences
 - b. Surgery (General/GI; Transplant; Surgical Oncology; Trauma, Critical Care & Burn)

The committee first voted on item No. 5 – Medical Staff Appointments, Initial FPPE Recommendations and Requests for Additional and/or Special Privileges and Change in Category, March 2026. Dr. Brethauer was advised to abstain.

Action: Upon the motion of Mr. Perez, seconded by Dr. Warner, the committee adopted the foregoing item by roll-call vote with the following committee members present and voting: Mr. Perez, Mr. Skestos, Dr. Warner, Ms. Seely, Dr. Cohn, Dr. Bourekas, Dr. Maddocks, Dr. Holliday, Ms. Mignery and Dr. Steinhauer. Dr. Brethauer abstained.

The committee then voted on the remaining items for approval.

Action: Upon the motion of Mr. Perez, seconded by Dr. Warner, the committee approved these items by roll-call vote with the following committee members present and voting: Mr. Perez, Mr. Skestos, Dr. Warner, Ms. Seely, Dr. Cohn, Dr. Bourekas, Dr. Maddocks, Dr. Holliday, Dr. Brethauer, Ms. Mignery and Dr. Steinhauer.

The committee adjourned at 4:44 p.m.

WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- April 6, 2026

INITIAL APPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH	FROM	TO	CPD
Alcius, Kelly P., DO	Surgery	General and Gastrointestinal Surgery	Rotating Resident	5/4/2026	6/30/2027	514398
Ali, Abdullah, DO	Psychiatry	Psychiatry	Rotating Fellow	4/28/2026	6/30/2027	511402
Avena, Shannon N., DO	Community	Primary Care	Community Affiliate B	5/4/2026	10/31/2027	351430
Baiomy, Ali, MB BCH	Radiology	Diagnostic Radiology	Contracted	4/28/2026	10/31/2027	911835
Beathard, Melissa E., APRN-CNP	Community	Primary Care	APP	5/11/2026	10/31/2027	938581
Chow, Wesley, MD	Internal Medicine	General Medicine	Rotating Resident	5/4/2026	6/30/2027	912349
Costello, Kathryn A., DO	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029	911529
Davis, Brady S., DO	Radiology	Diagnostic Radiology	Attending	4/28/2026	10/31/2027	513143
Dokken, Kaylinn A., DO	Community	Emergency Medicine	Community Affiliate B	4/28/2026	10/31/2027	912639
Dye, Brittney L., APRN-CNP	Internal Medicine	Gastroenterology, Hepatology and Nutrition	APP	6/15/2026	10/31/2027	932620
Epitropoulos, Frank, DO	Internal Medicine	General Medicine	Rotating Resident	5/4/2026	6/30/2027	670090
Esry, Laura, DO	Anesthesiology	Anesthesiology	Rotating Fellow	4/28/2026	6/30/2027	834606
Glenn, Steven B., PA-C	Surgery	Surgery Critical Care, Trauma, and Burn	APP	4/28/2026	3/31/2028	942552
Haines, Allyson C., APRN-CNP	Emergency Medicine	Emergency Medicine	APP	5/4/2026	3/31/2028	942569
Hsu, Dennis, MD	Internal Medicine	Medical Oncology	Attending	5/1/2026	3/31/2028	912070
Hughes, Erin K., APRN-CNP	Community	Urgent Care	APP	4/28/2026	3/31/2028	936537
Kadado, Allen A., MD	Orthopaedics	Orthopaedics	Attending	4/28/2026	3/31/2028	565044
Kaphle, Roshan, DO	Internal Medicine	Cardiovascular Medicine	Rotating Fellow	4/28/2026	6/30/2027	912350
Kimball, Tyler D., DO	Radiology	Diagnostic Radiology	Fellow	7/1/2026	6/30/2029	508473
Lee, Akerra L., DO	OB/GYN	General Obstetrics and Gynecology	Rotating Resident	4/28/2026	6/30/2027	854943
Mayzes, Danse E., PA-C	Surgery	General and Gastrointestinal Surgery	APP	4/28/2026	10/31/2028	942549
Meister, Chelsea L., PA-C	Neurological Surgery	Neurological Surgery	APP	5/11/2026	10/31/2026	942579
Muir, Lorne, DO	Anesthesiology	Anesthesiology	Attending	5/1/2026	10/31/2028	912774
Musa, Lori J., APRN-CNS	Surgery	Thoracic Surgery	APP	5/3/2026	10/31/2028	942568
O'Connell, Amy M., PA-C	Community	Primary Care	APP	5/18/2026	10/31/2028	942557
Patel, Tejas, MD	Internal Medicine	Cardiovascular Medicine	Rotating Fellow	4/28/2026	6/30/2027	519231
Ramesh, Vighnesh, MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029	912183
Riel, Rachel L., PA-C	Community	Emergency Medicine	APP	4/28/2026	3/31/2029	938828
Riggs, Michael C., APRN-CNP	Internal Medicine	Cardiovascular Medicine	APP	5/10/2026	3/31/2029	942590
Ryskamp, David J., MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029	911527
Schwarz, Colton, MD	Family Medicine	Family Medicine / Sports Medicine	Rotating Fellow	4/28/2026	6/30/2027	911313
Scriven, Emily, DO	OB/GYN	General Obstetrics and Gynecology	Rotating Resident	5/4/2026	6/30/2027	883660
Sedeeq, Hasan S., MD	Internal Medicine	General Medicine	Rotating Resident	5/4/2026	6/30/2027	912527
Sommerville, Rush L., RPh	Internal Medicine	Hospital Medicine	LHCP	5/1/2026	10/31/2027	942574
Sukel, Angelica, M, RRA	Radiology	Diagnostic Radiology	LHCP	4/28/2026	10/31/2027	942582
Tahboub, Ihab, MD	Internal Medicine	Hematology	Rotating Fellow	4/28/2026	6/30/2027	882951
Vallery, Anthony, DO	Psychiatry	Psychiatry	Rotating Fellow	4/28/2026	6/30/2027	354686
Vazquez, Addison C., AA	Anesthesiology	Anesthesiology	AA	4/28/2026	10/31/2027	940629
Vickery, Taylor H., DO	Radiology	Diagnostic Radiology	Fellow	7/1/2026	6/30/2029	912954
Vo, Hieu M., DO	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029	912772
Warner, Chase, MD	Pathology	Pathology	Rotating Fellow	4/28/2026	6/30/2027	882274
Weisblum, Lewis S., MD	Radiology	Diagnostic Radiology	Contracted	4/28/2026	3/31/2028	912854
Winter, Gretchen R., MD	Community	Emergency Medicine	Community Affiliate B	5/1/2026	3/31/2028	829960
Zagurovskaya, Marianna, MD	Radiology	Diagnostic Radiology	Contracted	4/28/2026	3/31/2028	912847
Zmood, Daniel A., PA-C	Emergency Medicine	Emergency Medicine	APP	5/4/2026	3/31/2028	942580

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category OSUH	Category Jame Summary
None				

REAPPOINTMENTS:

WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
 Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
 Corporate Credentials Committee- April 6, 2026

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH	FROM	TO
Bacchus, Michael W., MD	Urology	Urology	Resident	7/1/2026	6/30/2029
Begnell, Grace O., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Berkheimer, Colin D., DO	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Blansky, Bradley A., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Bolineni, Tejaswanni, DO	Internal Medicine	Pulmonary, Critical Care and Sleep	Rotating Fellow	7/1/2026	6/30/2029
Glankler, Erin N., MD	Emergency Medicine	Emergency Medicine	Rotating Fellow	7/1/2026	6/30/2027
Haas, Claire L., MD	Urology	Urology	Resident	7/1/2026	6/30/2029
Harmon, Alexis, MD	Emergency Medicine	Emergency Medicine	Rotating Fellow	7/1/2026	6/30/2027
Lawson, Frances, MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Magyer, Melissa R., MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Mitchell, Eric, MD	Orthopaedics	Orthopaedics	Fellow	7/1/2026	6/30/2029
Mo, Kevin Q., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Parsons, Chandler A., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Ramsell, Stuart, MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Rothfusz, Christopher A., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Shannon, Emily, DO	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Siapno, Allen Enrique D., MD	Urology	Urology	Resident	7/1/2026	6/30/2029
Taher, Nadine H., DO	Neurology	Neurology	Rotating Resident	7/1/2026	6/30/2027
Thaete, Lauren M., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Vidovich, Courtney R., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Williams, Zack, MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category OSUH	Category Jame Summary
None				

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective 04/28/2026

NAME	DEPARTMENT	PRIVILEGES REQUESTED	CATEGORY OSUH
Armstrong, Aimee, MD	Internal Medicine	Adult Congenital Heart Disease	Consulting
Bank, Tracy, MD	Anesthesiology	1. Critical Care Medicine Core privileges 2. POCUS - Focused Abdominal Ultrasound 3. POCUS - Focused Thoracic/Pleural Ultrasound 4. POCUS - Vascular Ultrasound	Attending
Blais, Benjamin, MD	Internal Medicine	Adult Congenital Heart Disease	Consulting
Clancy, Victoria, MD	Surgery	CAS - Multi-port system	Attending
Duffy, Allyson, RPh	Internal Medicine	Substance Use Disorder	LHCP
Dunn, Allison, MD	Radiology	Abdominal Body Imaging Core	Attending
Edelstein, John, RPh	Internal Medicine	Total Parenteral Nutrition Management	LHCP
Jesson, Emily Rae, APRN-CNP	OB/GYN	Fetal non-stress test interpretation/electronic fetal monitoring	APP
Kamp, Anna, MD	Internal Medicine	1. Moderate Sedation 2. Deep Sedation	Attending

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Limkemann, Ashley, MD	Surgery	1.Repair and resection of diaphragm and esophagus. 2.Thoracotomy, trauma to chest,lungs, diaphragm and heart, pericardiocentesis, mediastinal lesions	Attending
Luke, Whitney, MD	PM&R	Basivetebral nerve ablations	Attending
Lydy, Rachel, PA-C	Surgery	POCUS - US guided vascular access	APP
McCrohan, Megan, MD	Internal Medicine	Hospital Medicine Core privileges	Attending
Pohlabel, Danielle Shereen, PA-C	Neurology	Lumbar puncture	APP
Rath, Jennifer, MD	Radiology	Abdominal Body Imaging Core	Attending
Salavitabar, Arash, MD	Internal Medicine	Adult Congenital Heart Disease	Consulting
Schuetz, Stefan, APRN-CNP	Internal Medicine	Lumbar puncture	APP
Stone, Hannah, MD	Internal Medicine	Addiction Medicine Core privileges	Attending
Swei, Eric, MD	Internal Medicine	1.Peroral endoscopic myotomy 2.Endoscopic Submucosal Dissection	Attending
Tomsic, Morgan Adeline, PA-C	Radiology	1. Remove tunneled central venous catheter from adult patients 2. Bone marrow aspiration and biopsy 3. Lumbar Puncture 4. POCUS - US guided paracentesis	APP

INITIAL FPPE RECOMMENDATIONS: **Effective 04/28/2026

NAME	DEPARTMENT	SPECIALTY	CATEGORY OSUH
Adnan, Taimoor, MBBS	Internal Medicine	Hospital Medicine	Attending
Alvarez, Akshitha Vijay, MD	Surgery	Cardiac Surgery	Attending
Arvanitis, Marios, MD	Internal Medicine	Cardiovascular Medicine	Attending
Arthen, Mark Christopher, RPh	Internal Medicine	Hospital Medicine	LHCP
Buhrman, Andrew Jonathon, RPh	Emergency Medicine	Emergency Medicine	LHCP
Cao, Yan, MD	Radiology	Diagnostic Radiology	Contracted
Carbone, Juliana Rose, PA-C	Internal Medicine	Hospital Medicine	APP
Chow, Zeta, MD	Radiation Oncology	Radiation Oncology	Attending
Fekrmandi, Fatemeh, MD	Radiation Oncology	Radiation Oncology	Attending
Golshani, Cyrus Amir, MD	Ophthalmology	Ophthalmology	Contracted
Gray, Kevin Duncan, MD	Anesthesiology	Anesthesiology	Attending
Greaker, Shannon Marie, APRN-CNP	Internal Medicine	Medical Oncology	APP
Haight, Paulina Jane, MD	OB/GYN	Gynecologic Oncology	Attending
James, Charles Alston, MD	Surgery	Colon and Rectal Surger	Attending
Khorsandi, Maziar, MD	Surgery	Cardiac Surgery	Attending
Kramer, Patrick James, MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Attending
Kurowicki, Jennifer, MD	Orthopaedics	Orthopaedics	Attending
Lamba, Collin Singh	Orthopaedics	Orthopaedics	Attending
Loudon, Andrew Michael, MD	Surgery	Surgery Critical Care, Trauma and Burn	Attending
MacDowell, Sarah Maurine, MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Attending
Mamai, Sefenesh Gebeyehu, APRN-CNP	Internal Medicine	Nephrology	APP
Mazujian, Katherine Elizabeth, RPh	Internal Medicine	Palliative Medicine	LHCP
McAfee, Kelsey Sara, MD	Family Medicine	Family Medicine	Attending
McIntosh, Lauren Russo, MD	Internal Medicine	Hospital Medicine	Attending
Merlin, Jessica Sarah, MD	Internal Medicine	Palliative Medicine	Attending
Morrison, Madison Carter, RPh	Internal Medicine	Hospital Medicine	LHCP
Mullen, Bradley Robert, MD	Radiology	Diagnostic Radiology	Contracted
Mustric, Sarah Elizabeth, APRN-CNP	Internal Medicine	Hematology	APP
Omoruyi, Felix Osama, MD	Ophthalmology	Ophthalmology	Attending

WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
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Parang, Bobak, MD	Internal Medicine	Medical Oncology	Attending
Park, Angela Munsun, MD	Psychiatry	Psychiatry	Attending
Phillip, Andrew Joel, MD	Psychiatry	Psychiatry	Attending
Rasendran, Chandruganesh, MD	Ophthalmology	Ophthalmology	Attending
Richardson, Jenna Lee, PA-C	Emergency Medicine	Emergency Medicine	APP
Rivera Colon, Kevin Y, MD	Radiology	Diagnostic Radiology	Contracted
Robida, Olivia Ann, RPh	Internal Medicine	General Medicine	LHCP
Rose, Lauren Elizabeth, MD	Internal Medicine	Palliative Medicine	Attending
Sauberzweig, Michelle Lyn, LAC	Family Medicine	Family Medicine	LHCP
Schenkelberg, Courtney Virginia, RPh	Internal Medicine	Hospital Medicine	LHCP
Sharma, Arjun, MD	Anesthesiology	Anesthesiology	Attending
Sheehy, Brandon Scott, RPh	Internal Medicine	Hospital Medicine	LHCP
Shropshire, Erin, MD	Radiology	Diagnostic Radiology	Contracted
Smith, Kip L, PhD	Physical Medicine & Rehabilitation	Rehabilitation Psychology	Attending
Smullen, Timothy, MD	Radiology	Diagnostic Radiology	Contracted
Stanley, Asha, APRN-CNP	Internal Medicine	Medical Oncology	APP
Steitz, Jeffrey Thomas, MD	Otolaryngology	Otolaryngology	Attending
Stone, Hannah Althea, MD	Internal Medicine	General Medicine	Attending
Tatini, Visweswara Rao, MD	Radiology	Diagnostic Radiology	Contracted
Tepe, Sydney Monroe, PA-C	Internal Medicine	Cardiovascular Medicine	APP
Thomas, Taylor Krystal, APRN-CNS	Internal Medicine	Hematology	APP
Traylor, Stephanie Amber, MD	Psychiatry	Psychiatry	Attending
van der List, Jelle P, MD	Orthopaedics	Orthopaedics/Sports Medicine	Attending
Victor, Aaron R, MD	Pathology	Pathology	Attending
Wada, Takuya, MD	Surgery	Cardiac Surgery	Attending
Waickman, Colleen Elizabeth, MD	Psychiatry	Psychiatry	Attending
Wang, Kaidi, MD	Radiation Oncology	Radiation Oncology	Attending
Weckesser, Annie Margaret, RPh	Internal Medicine	Hospital Medicine	LHCP
Wisinger, Amanda, PsyD	Physical Medicine & Rehabilitation	Rehabilitation Psychology	Attending
Wodarczyk, Andrew Joseph, MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Attending
Wolfe, Adeline Jane, APRN-CNP	Family Medicine	Family Medicine	APP

EXTENSION REQUESTED	Department	Specialty	Category OSUH	FROM	TO	Reason
Martin, Heather R, APRN-CNP	Internal Medicine	Palliative Medicine	APP	4/6/2026	7/6/2026	More time to evaluate

ADDITIONAL PRIVILEGE(S) FPPE RECOMMENDATIONS: **Effective 04/28/2026

NAME	DEPARTMENT	PRIVILEGE(S) REQUESTED	CATEGORY OSUH
Coffey, Cory P, RPh	Internal Medicine	Heart Failure Therapy Management	LHCP
Cloyd, Jordan M, MD	Surgical Oncology	Histotripsy	N/A
Drake, Sidney Marie, RPh	Internal Medicine	Antiarrhythmic Medication Management	LHCP
George, Maxwell Douglas, PA-C	Surgery	POCUS - US guided vascular access	APP
Gibson, Jennifer Nicole, MD	Surgery	Surgical Critical Care Core	Attending
Jackson, Heather D, PA-C	Surgery	POCUS - US guided vascular access	APP
Haight, Paulina Jane, MD	OB/GYN	CAS - Multi-port system	Attending
Harding, Kate Alexandra, RPh	Internal Medicine	1. Antimicrobial Therapy Management 2. Glycemic Therapy Management	LHCP
Henn, Matthew Charles, MD	Surgery	CAS - Multi-port system	Attending
James, Charles Alston, MD	Surgery	CAS - Multi-port system	Attending
Magalang, Ulysses J, MD	Internal Medicine	Management of positive airway pressure therapy and non invasive positive airway ventilation	Attending
Miller, Kristen, PA-C	Orthopaedics	Tendon sheath injection	APP

WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY
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Mitchell, Virginia C, RPh	Internal Medicine	Heart Failure Therapy Management	LHCP
Murray, Elizabeth Margaret, APRN-CNP	Internal Medicine	POCUS - US guided vascular access	APP
Partridge, Leslie Elizabeth, RRA	Radiology	Retrograde urethrography/urethrocystography	LHCP
Rose, Julie Marie, RPh	Internal Medicine	Glycemic Therapy Management	LHCP
Shaffer, Madelyn Ann, PA-C	Surgery	POCUS - US guided vascular access	APP
Tucker, Kelly McDaniel, MD	OB/GYN	Central venous catheter placement	Attending
Trykall, Caia C, RPh	Internal Medicine	1. Antiarrhythmic medication management 2. Inflammatory bowel disease therapy management	LHCP
Tussing, Joshua Edward, RRA	Radiology	1. Loopography - urinary diversion 2. Retrograde Urethrography/urethrocystography	LHCP
Vandergriff, Kennedi Grace, RPh	Internal Medicine	Immunosuppression and anti-infective supportive care medication management	LHCP
Williams, Angela Renee, RPh	Surgery	1. Antimicrobial Therapy Management 2. Glycemic Therapy Management	LHCP

EXTENSION REQUESTED	Department	Specialty	Category OSUH	FROM	TO	Reason
Carrau, Ricardo	Otolaryngology	Surgery for correction of sleep apnea	Attending	4/6/2026	8/3/2026	Low volume
Zhu, Matthew Y	Internal Medicine	Central venous catheter placement	Attending	4/6/2026	8/31/2026	Low volume

CHANGE OF CATEGORY: **Effective 04/28/2026

NAME	DEPARTMENT	CATEGORY FROM	CATEGORY TO
Meier, David. MD	Internal Medicine	Community Affiliate A	Consulting

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
Corporate Credentials Committee- April 6, 2026

INITIAL APPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES	FROM	TO
Acius, Kelly P., DO	Surgery	General and Gastrointestinal Surgery	Rotating Resident	5/4/2026	6/30/2027
Ali, Abdullah, DO	Psychiatry	Psychiatry	Rotating Fellow	4/28/2026	6/30/2027
Baiomy, Ali, MB BCh	Radiology	Diagnostic Radiology	Contracted	4/28/2026	10/31/2027
Chow, Wesley, MD	Internal Medicine	General Medicine	Rotating Resident	5/4/2026	6/30/2027
Costello, Kathryn A., DO	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Davis, Brady S., DO	Radiology	Diagnostic Radiology	Associate Attending	4/28/2026	10/31/2027
Dye, Brittney L., APRN-CNP	Internal Medicine	Gastroenterology, Hepatology and Nutritic	APP	6/15/2026	10/31/2027
Epitropoulos, Frank, DO	Internal Medicine	General Medicine	Rotating Resident	5/4/2026	6/30/2027
Esry, Laura, DO	Anesthesiology	Anesthesiology	Rotating Fellow	4/28/2026	6/30/2027
Glenn, Steven B., PA-C	Surgery	Surgery Critical Care, Trauma, and Burn	APP	4/28/2026	3/31/2028
Haines, Allyson C., APRN-CNP	Emergency Medicine	Emergency Medicine	APP	5/4/2026	3/31/2028
Hsu, Dennis, MD	Internal Medicine	Medical Oncology	Attending	5/1/2026	3/31/2028
Kamp, Anna N., MD	Internal Medicine	Cardiovascular Medicine	Associate Attending	4/28/2026	3/31/2028
Kaphle, Roshan, DO	Internal Medicine	Cardiovascular Medicine	Rotating Fellow	4/28/2026	6/30/2027
Kimball, Tyler D., DO	Radiology	Diagnostic Radiology	Fellow	7/1/2026	6/30/2029
Lee, Akerria L., DO	OB/GYN	General Obstetrics and Gynecology	Rotating Resident	4/28/2026	6/30/2027
Mayzes, Danse E., PA-C	Surgery	General and Gastrointestinal Surgery	APP	4/28/2026	10/31/2028
Meister, Chelsea L., PA-C	Neurological Surgery	Neurological Surgery	APP	5/11/2026	10/31/2026
Muir, Lorne, DO	Anesthesiology	Anesthesiology	Associate Attending	5/1/2026	10/31/2028
Musa, Lori J., APRN-CNS	Surgery	Thoracic Surgery	APP	5/3/2026	10/31/2028
Patel, Tejas, MD	Internal Medicine	Cardiovascular Medicine	Rotating Fellow	4/28/2026	6/30/2027
Prenger, Karen S., APRN-CNS	Surgery	Vascular Diseases and Surgery	APP	6/1/2026	3/31/2029
Ramesh, Vighnesh, MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Riggs, Michael C., APRN-CNP	Internal Medicine	Cardiovascular Medicine	APP	5/10/2026	3/31/2029
Ryskamp, David J., MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Schwarz, Colton, MD	Family Medicine	Family Medicine / Sports Medicine	Rotating Fellow	4/28/2026	6/30/2027
Scriven, Emily, DO	OB/GYN	General Obstetrics and Gynecology	Rotating Resident	5/4/2026	6/30/2027
Sedeeq, Hasan S., MD	Internal Medicine	General Medicine	Rotating Resident	5/4/2026	6/30/2027
Sommerville, Rush L., RPh	Internal Medicine	Hospital Medicine	LHCP	5/1/2026	10/31/2027
Sukel, Angelica, M, RRA	Radiology	Diagnostic Radiology	LHCP	4/28/2026	10/31/2027
Tahboub, Ihab, MD	Internal Medicine	Hematology	Rotating Fellow	4/28/2026	6/30/2027
Vallery, Anthony, DO	Psychiatry	Psychiatry	Rotating Fellow	4/28/2026	6/30/2027
Vazquez, Addison C., AA	Anesthesiology	Anesthesiology	AA	4/28/2026	10/31/2027
Vickery, Taylor H., DO	Radiology	Diagnostic Radiology	Fellow	7/1/2026	6/30/2029
Vo, Hieu M., DO	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Warner, Chase, MD	Pathology	Pathology	Rotating Fellow	4/28/2026	6/30/2027
Weisblum, Lewis S., MD	Radiology	Diagnostic Radiology	Contracted	4/28/2026	3/31/2028
Yamokoski, Todd M., APRN-CNS	Internal Medicine	Cardiovascular Medicine	APP	6/1/2026	3/31/2027
Zagurovskaya, Marianna, MD	Radiology	Diagnostic Radiology	Contracted	4/28/2026	3/31/2028
Zmood, Daniel A., PA-C	Emergency Medicine	Emergency Medicine	APP	5/4/2026	3/31/2028

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category James	Summary
None				

REAPPOINTMENTS:

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES	FROM	TO
Bacchus, Michael W., MD	Urology	Urology	Resident	7/1/2026	6/30/2029

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
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Begnell, Grace O., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Berkheimer, Colin D., DO	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Blansky, Bradley A., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Bolineni, Tejaswanni, DO	Internal Medicine	Pulmonary, Critical Care and Sleep	Rotating Fellow	7/1/2026	6/30/2029
Glankler, Erin N., MD	Emergency Medicine	Emergency Medicine	Rotating Fellow	7/1/2026	6/30/2027
Haas, Claire L., MD	Urology	Urology	Resident	7/1/2026	6/30/2029
Harmon, Alexis, MD	Emergency Medicine	Emergency Medicine	Rotating Fellow	7/1/2026	6/30/2027
Lawson, Frances, MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Magyer, Melissa R., MD	Radiology	Diagnostic Radiology	Resident	7/1/2026	6/30/2029
Mitchell, Eric, MD	Orthopaedics	Orthopaedics	Fellow	7/1/2026	6/30/2029
Mo, Kevin Q., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Parsons, Chandler A., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Ramsell, Stuart, MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Rothfus, Christopher A., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Shannon, Emily, DO	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Siapno, Allen Enrique D., MD	Urology	Urology	Resident	7/1/2026	6/30/2029
Taher, Nadine H., DO	Neurology	Neurology	Rotating Resident	7/1/2026	6/30/2027
Thaete, Lauren M., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Vidovich, Courtney R., MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029
Williams, Zack, MD	Anesthesiology	Anesthesiology	Resident	7/1/2026	6/30/2029

CORRECTIONS FROM PRIOR MONTH	Department	Specialty	Category James	Summary
None				

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective 04/28/2026

NAME	DEPARTMENT	PRIVILEGES REQUESTED	CATEGORY JAMES
Andraos, Therese, MD	Radiation Oncology	Transperineal Ultrasound guided placement of Fiducials/Calypso Beacons into the prostate or periprostatic tissue.	Attending
Bank, Tracy, MD	Anesthesiology	1. Critical Care Medicine Core privileges 2. POCUS - Focused Abdominal Ultrasound 3. POCUS - Focused Thoracic/Pleural Ultrasound 4. POCUS - Vascular Ultrasound	Associate Attending
Clancy, Victoria, MD	Surgery	CAS - Multi-port system	Associate Attending
Dunn, Allison, MD	Radiology	Abdominal Body Imaging Core	Associate Attending
Edelstein, John, RPh	Internal Medicine	Total Parenteral Nutrition Management	LHCP
Jesson, Emily Rae, APRN-CNP	OB/GYN	Fetal non-stress test interpretation/electronic fetal monitoring	APP
Kamp, Anna, MD	Internal Medicine	1. Moderate Sedation 2. Deep Sedation	Associate Attending

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
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Limkemann, Ashley, MD	Surgery	1.Repair and resection of diaphragm and esophagus. 2.Thoracotomy, trauma to chest,lungs, diaphragm and heart, pericardiocentesis, mediastinal lesions	Associate Attending
Luke, Whitney, MD	PM&R	Basivetebral nerve ablations	Associate Attending
Lydy, Rachel, PA-C	Surgery	POCUS - US guided vascular access	APP
McCrohan, Megan, MD	Internal Medicine	Hospital Medicine Core privileges	Associate Attending
Pohlabel, Danielle Shereen, PA-C	Neurology	Lumbar puncture	APP
Rath, Jennifer, MD	Radiology	Abdominal Body Imaging Core	Associate Attending
Schuetz, Stefan, APRN-CNP	Internal Medicine	Lumbar puncture	APP
Singer, Eric, MD	Urology	Select, order and administer systemic chemotherapeutic and other anticancer agents for urologic malignancies via all therapeutic routes.	Attending
Stone, Hannah, MD	Internal Medicine	Addiction Medicine Core privileges	Associate Attending
Swei, Eric, MD	Internal Medicine	1.Peroral endoscopic myotomy 2.Endoscopic Submucosal Dissection	Associate Attending
Tomsic, Morgan Adeline, PA-C	Radiology	1. Remove tunneled central venous catheter from adult patients 2. Bone marrow aspiration and biopsy 3. Lumbar Puncture 4. POCUS - US guided paracentesis	APP

INITIAL FPPE RECOMMENDATIONS: **Effective 04/28/2026

NAME	DEPARTMENT	SPECIALTY	CATEGORY JAMES
Adnan, Taimoor, MBBS	Internal Medicine	Hospital Medicine	Attending
Alvarez, Akshitha Vijay, MD	Surgery	Cardiac Surgery	Associate Attending
Arthen, Mark Christopher, RPh	Internal Medicine	Hospital Medicine	LHCP
Arvanitis, Marios, MD	Internal Medicine	Cardiovascular Medicine	Associate Attending
Buhrman, Andrew Jonathon, RPh	Emergency Medicine	Emergency Medicine	LHCP
Cao, Yan, MD	Radiology	Diagnostic Radiology	Contracted
Carbone, Juliana Rose, PA-C	Internal Medicine	Hospital Medicine	APP
Chow, Zeta, MD	Radiation Oncology	Radiation Oncology	Attending
Fekrmandi, Fatemeh, MD	Radiation Oncology	Radiation Oncology	Attending
Golshani, Cyrus Amir, MD	Ophthalmology	Ophthalmology	Contracted
Gray, Kevin Duncan, MD	Anesthesiology	Anesthesiology	Associate Attending
Greaker, Shannon Marie, APRN-CNP	Internal Medicine	Medical Oncology	APP
Haight, Paulina Jane, MD	OB/GYN	Gynecologic Oncology	Attending
James, Charles Alston, MD	Surgery	Colon and Rectal Surger	Attending
Khorsandi, Maziar, MD	Surgery	Cardiac Surgery	Associate Attending
Kramer, Patrick James, MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Associate Attending
Kurowicki, Jennifer, MD	Orthopaedics	Orthopaedics	Associate Attending
Lamba, Collin Singh	Orthopaedics	Orthopaedics	Associate Attending
Loudon, Andrew Michael, MD	Surgery	Surgery Critical Care, Trauma and Burn	Associate Attending
MacDowell, Sarah Maurine, MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Associate Attending
Mamai, Sefenesh Gebeyehu, APRN-CNP	Internal Medicine	Nephrology	APP
Mazujian, Katherine Elizabeth, RPh	Internal Medicine	Palliative Medicine	LHCP

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McIntosh, Lauren Russo, MD	Internal Medicine	Hospital Medicine	Associate Attending
Merlin, Jessica Sarah, MD	Internal Medicine	Palliative Medicine	Attending
Morrison, Madison Carter, RPh	Internal Medicine	Hospital Medicine	LHCP
Mullen, Bradley Robert, MD	Radiology	Diagnostic Radiology	Contracted
Mustric, Sarah Elizabeth, APRN-CNP	Internal Medicine	Hematology	APP
Omoruyi, Felix Osama, MD	Ophthalmology	Ophthalmology	Associate Attending
Parang, Bobak, MD	Internal Medicine	Medical Oncology	Attending
Park, Angela Munsun, MD	Psychiatry	Psychiatry	Associate Attending
Phillip, Andrew Joel, MD	Psychiatry	Psychiatry	Associate Attending
Rasendran, Chandruganesh, MD	Ophthalmology	Ophthalmology	Associate Attending
Richardson, Jenna Lee, PA-C	Emergency Medicine	Emergency Medicine	APP
Rivera Colon, Kevin Y, MD	Radiology	Diagnostic Radiology	Contracted
Rose, Lauren Elizabeth, MD	Internal Medicine	Palliative Medicine	Associate Attending
Schenkelberg, Courtney Virginia, RPh	Internal Medicine	Hospital Medicine	LHCP
Sharma, Arjun, MD	Anesthesiology	Anesthesiology	Associate Attending
Sheehy, Brandon Scott, RPh	Internal Medicine	Hospital Medicine	LHCP
Shropshire, Erin, MD	Radiology	Diagnostic Radiology	Contracted
Smith, Kip L, PhD	Physical Medicine & Rehabilitation	Rehabilitation Psychology	Associate Attending
Smullen, Timothy, MD	Radiology	Diagnostic Radiology	Contracted
Stanley, Asha, APRN-CNP	Internal Medicine	Medical Oncology	APP
Steitz, Jeffrey Thomas, MD	Otolaryngology	Otolaryngology	Associate Attending
Stone, Hannah Althea, MD	Internal Medicine	General Medicine	Associate Attending
Tatini, Visweswara Rao, MD	Radiology	Diagnostic Radiology	Contracted
Tepe, Sydney Monroe, PA-C	Internal Medicine	Cardiovascular Medicine	APP
Thomas, Taylor Krystal, APRN-CNS	Internal Medicine	Hematology	APP
Traylor, Stephanie Amber, MD	Psychiatry	Psychiatry	Associate Attending
van der List, Jelle P, MD	Orthopaedics	Orthopaedics/Sports Medicine	Associate Attending
Victor, Aaron R, MD	Pathology	Pathology	Associate Attending
Wada, Takuya, MD	Surgery	Cardiac Surgery	Associate Attending
Waickman, Colleen Elizabeth, MD	Psychiatry	Psychiatry	Associate Attending
Wang, Kaidi, MD	Radiation Oncology	Radiation Oncology	Attending
Weckesser, Annie Margaret, RPh	Internal Medicine	Hospital Medicine	LHCP
Wisinger, Amanda, PsyD	Physical Medicine & Rehabilitation	Rehabilitation Psychology	Attending
Wodarczyk, Andrew Joseph, MD	Internal Medicine	Pulmonary, Critical Care and Sleep	Associate Attending

EXTENSION REQUESTED	Department	Specialty	Category JAMES	FROM	TO	Reason
Martin, Heather R, APRN-CNP	Internal Medicine	Palliative Medicine	APP	4/6/2026	7/6/2026	More time to evaluate

ADDITIONAL PRIVILEGE(S) FPPE RECOMMENDATIONS: **Effective 04/28/2026

NAME	DEPARTMENT	PRIVILEGE(S) REQUESTED	CATEGORY JAMES
Cloyd, Jordan M, MD	Surgical Oncology	Histotripsy	Attending
Drake, Sidney Marie, RPh	Internal Medicine	Antiarrhythmic Medication Management	LHCP
Fekrmandi, Fatemeh, MD	Radiation Oncology	1. Gamma Knife Radiosurgery 2. Eye Plaque Brachytherapy	Attending
George, Maxwell Douglas, PA-C	Surgery	POCUS - US guided vascular access	APP
Gibson, Jennifer Nicole, MD	Surgery	Surgical Critical Care Core	Associate Attending
Haight, Paulina Jane, MD	OB/GYN	CAS - Multi-port system	Attending
Harding, Kate Alexandra, RPh	Internal Medicine	1. Antimicrobial Therapy Management 2. Glycemic Therapy Management	LHCP
Henn, Matthew Charles, MD	Surgery	CAS - Multi-port system	Associate Attending
James, Charles Alston, MD	Surgery	CAS - Multi-port system	Attending

THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE
 Initial Appointments, Reappointments, Initial FPPE Recommendation, Requests for Additional/Special Privileges and Change of Category Requests
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Magalang, Ulysses J, MD	Internal Medicine	Management of positive airway pressure therapy and non invasive positive airway ventilation	Associate Attending
Miller, Kristen, PA-C	Orthopaedics	Tendon sheath injection	APP
Murray, Elizabeth Margaret, APRN-CNP	Internal Medicine	POCUS - US guided vascular access	APP
Partridge, Leslie Elizabeth, RRA	Radiology	Retrograde urethrography/urethrocystography	LHCP
Shaffer, Madelyn Ann, PA-C	Surgery	POCUS - US guided vascular access	APP
Tucker, Kelly McDaniel, MD	OB/GYN	Central venous catheter placement	Associate Attending
Trykall, Caia C, RPh	Internal Medicine	1. Antiarrhythmic medication management 2. Inflammatory bowel disease therapy management	LHCP
Tussing, Joshua Edward, RRA	Radiology	1. Loopography - urinary diversion 2. Retrograde Urethrography/urethrocystography	LHCP
Vandergriff, Kennedi Grace, RPh	Internal Medicine	Immunosuppression and anti-infective supportive care medication management	LHCP
Williams, Angela Renee, RPh	Surgery	1. Antimicrobial Therapy Management 2. Glycemic Therapy Management	LHCP

EXTENSION REQUESTED	Department	Specialty	Category JAMES	FROM	TO	Reason
Carrau, Ricardo	Otolaryngology	Surgery for correction of sleep apnea	Attending	4/6/2026	8/3/2026	Low volume
Zhu, Matthew Y	Internal Medicine	Central venous catheter placement	Associate Attending	4/6/2026	8/31/2026	Low volume

CHANGE OF CATEGORY: **Effective 04/28/2026

NAME	DEPARTMENT	CATEGORY FROM	CATEGORY TO
None			

THE OHIO STATE UNIVERSITY NEW ALBANY AMBULATORY SURGERY CENTER
Initial Appointments, Reappointments, Additional Privileges
Medical Executive Committee - April 21, 2026

INITIAL APPOINTMENTS:

NAME	SPECIALTY	FROM	TO
Baiomy, Ali, MB BCh	Diagnostic Radiology	4/28/2026	10/31/2027
Davis, Brady S., DO	Diagnostic Radiology	4/28/2026	10/31/2027
Francois, Henry Claude, MD	Anesthesiology	4/28/2026	3/31/2028
Mayzes, Danse E., PA-C	Physician Assistant	4/28/2026	10/31/2028
Stenquist, Tania M., PA-C	Physician Assistant	4/28/2026	10/31/2026
Vazquez, Addison C., AA	Anesthesiologist Assistant	4/28/2026	10/31/2027
Weisblum, Lewis S., MD	Diagnostic Radiology	4/28/2026	3/31/2028
Zagurovskaya, Marianna, MD	Diagnostic Radiology	4/28/2026	3/31/2028

REAPPOINTMENTS:

NAME	SPECIALTY	FROM	TO
None			

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective Date: 4/28/2026

NAME	SPECIALTY	PRIVILEGES REQUESTED
None		

THE OHIO STATE UNIVERSITY DUBLIN AMBULATORY SURGERY CENTER
Initial Appointments, Reappointments, Additional Privileges
Medical Executive Committee - April 21, 2026

INITIAL APPOINTMENTS:

NAME	SPECIALTY	FROM	TO
Baiomy, Ali, MB BCh	Diagnostic Radiology	4/28/2026	10/31/2027
Davis, Brady S., DO	Diagnostic Radiology	4/28/2026	10/31/2027
Stenquist, Tania M., PA-C	Physician Assistant	4/28/2026	10/31/2026
Vazquez, Addison C., AA	Anesthesiologist Assistant	4/28/2026	10/31/2027
Weisblum, Lewis S., MD	Diagnostic Radiology	4/28/2026	3/31/2028
Zagurovskaya, Marianna, MD	Diagnostic Radiology	4/28/2026	3/31/2028

REAPPOINTMENTS:

NAME	SPECIALTY	FROM	TO
None			

REQUESTS FOR ADDITIONAL PRIVILEGES: ** Effective Date: 4/28/2026

NAME	SPECIALTY	PRIVILEGES REQUESTED
None		



Certified Anesthesiologist Assistant

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

- OSUHS**
 The James
 ASCNA
 ASCDUB
- ASCP**

Required Qualifications

Education & Training	Successful completion of an Anesthesiologist Assistant program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its predecessor.
Certification	Current and continuous certification as an Anesthesiologist Assistant by the National Commission for Certification of Anesthesiologist Assistants. AND A full and unrestricted license/certificate to practice in the state of Ohio.
Additional Qualifications	Current and continuous maintenance of ACLS certification from the American Heart Association. AND Ongoing professional practice evaluation must be submitted every six months as required by the Medical Center.

Core Privileges

Description: An anesthesiologist assistant shall only perform tasks assigned on a case-by-case basis by the supervising anesthesiologist. The anesthesiologist assistant shall implement the personalized plan for a patient as individually prescribed by the supervising anesthesiologist after the physician has completed a specific assessment of the patient.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	

- Newly Requested privileges
 - Currently Granted privileges

						INDIRECT SUPERVISION: (Defined as prior consultation and approval of the anesthesiologist and the anesthesiologist is immediately available. Immediately available definition is based on the definition provided in the Department of Anesthesiology Scope of Services Policy).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer monitored anesthesia care (MAC) for ASA 1-6 patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer general anesthesia for ASA 1-6 patients (indirect physician supervision); however, direct physician supervision is required for critical portions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform emergent airway management including mask airway, endotracheal intubation via oral, nasal or tracheostomy routes and placement of supraglottic airway devices and extubation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform peripheral intravenous cannulation and arterial blood gas puncture.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform preoperative evaluation of patient and obtain anesthesia consent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform radial artery cannulation and external jugular cannulation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide monitoring of invasive modalities (ex., arterial lines, central venous catheters, pulmonary artery catheters, lumbar drains) and noninvasive monitoring modalities.
						DIRECT SUPERVISION: (Defined as with prior consultation and approval of the anesthesiologist and in the immediate presence of the anesthesiologist).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist physician as directed with placement of peripheral nerve blocks, placement of central venous lines and placement of non-radial arterial lines using ultrasound. [INITIAL: Successful completion of the OSUWMC POCUS Policies and Procedures CBL course]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist physician as directed with placement of peripheral nerve blocks, placement of central venous lines and placement of non-radial arterial lines (non-ultrasound guided).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiberoptic intubation and other advanced airway techniques.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer general anesthesia for ASA 1-6 patients (indirect physician supervision); however, (direct physician supervision) is required for critical portions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer spinals, epidurals and Bier blocks for ASA 1-6 patients with direct physician supervision for critical portions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform routine airway management including mask airway, endotracheal intubation via oral, nasal or tracheostomy routes and placement of supraglottic airway devices and extubation.

Ultrasound Guided privileges (Indirect supervision)

Qualifications

Education/Training Formal training: Completion of a training program with a curriculum that included both didactics and hands-on experience in the procedure requested. Documentation of curriculum required.

OR Proctoring experience: The completion of a course (approved by division US director or POCUS representative or surrogate approved by POCUS committee) that includes both didactic and hands-on instruction in the procedure requested and completion of at least 10 procedures under the supervision of an expert preceptor.

OR Clinical experience: A letter from the department chair or designee where the applicant currently holds privileges, attesting to competency (as a result of quality monitoring) and completion of at least 10 cases.

Other Successful completion of the OSUWMC POCUS Policies and Procedures CBL course required for initial applicants.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound guided peripheral intravenous cannulation and arterial blood gas puncture (Must perform 3 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound guided radial artery cannulation. (Must perform 3 every 3 Years)

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 Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's



Anesthesiology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities				
<input checked="" type="checkbox"/> OSUHS	<input checked="" type="checkbox"/> The James	<input checked="" type="checkbox"/> ASCNA	<input checked="" type="checkbox"/> ASCDUB	
<input checked="" type="checkbox"/> ASCP				

Required Qualifications	
Education/Training	MD, DO or DDS. Successful completion of an ACGME or AOA accredited Residency training program in Anesthesiology.
Certification	Applicant must be board certified by one of the following: the American Board of Anesthesiology (ABA), the American Osteopathic Board of Anesthesiology (AOBA), the American Dental Board of Anesthesiology (ADBA), or have completed the required training programs within the last five years.
Other	Must be ACLS certified (approved by the American Heart Association), or PALS certification (if only providing Pediatric Anesthesia care).

Core Privileges in Anesthesiology																	
Description: Diagnosis, administration, and direction of the anesthesia care for patients undergoing all types of anesthesia. Provision of pain relief, and maintenance or restoration of a stable condition during and immediately following a surgical/obstetric or diagnostic procedure. Provide an assessment of risk for the patient undergoing surgery/procedure and optimize the patient's condition prior to, during, and after surgery.																	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Request</div> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; vertical-align: middle;">OSUHS</td> <td style="width: 15%; text-align: center; vertical-align: middle;">The James</td> <td style="width: 15%; text-align: center; vertical-align: middle;">ASCNA</td> <td style="width: 15%; text-align: center; vertical-align: middle;">ASCDUB</td> <td style="width: 15%; text-align: center; vertical-align: middle;">ASCP</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;"> <div style="display: flex; justify-content: space-around; font-size: 0.9em;"> <input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges </div> <p style="margin-top: 5px; background-color: #fff9c4; padding: 2px;">Admit, treat and provide an assessment of the patient's history and physical examination relating to the preoperative evaluation and consultation for the preparation of patients for an anesthetic.</p> </td> </tr> </table>						OSUHS	The James	ASCNA	ASCDUB	ASCP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: 0.9em;"> <input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges </div> <p style="margin-top: 5px; background-color: #fff9c4; padding: 2px;">Admit, treat and provide an assessment of the patient's history and physical examination relating to the preoperative evaluation and consultation for the preparation of patients for an anesthetic.</p>
OSUHS	The James	ASCNA	ASCDUB	ASCP													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: 0.9em;"> <input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges </div> <p style="margin-top: 5px; background-color: #fff9c4; padding: 2px;">Admit, treat and provide an assessment of the patient's history and physical examination relating to the preoperative evaluation and consultation for the preparation of patients for an anesthetic.</p>												

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airway management and instrumentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation including BLS, CPR and ACLS or PALS (if only providing Pediatric Anesthesia care).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide ventilation, monitoring and hemodynamic support during an anesthetic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical management and provision of care to patients during the peri-operative period though the use of all relevant pharmacologic adjuncts including general anesthesia, and monitored anesthesia care (minimal, moderate, and deep sedation).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provision of care via telemedicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide invasive monitoring and intravascular access (ex., arterial line placement, pulmonary artery catheter placement, central venous access)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of post anesthetic recovery including procedural pain
						Procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervise and administer neuraxial anesthesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervise and administer regional anesthesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervise and administer general anesthesia, and monitored anesthesia care (minimal, moderate, and deep sedation)
<input type="checkbox"/>	<input type="checkbox"/>					TEE probe insertion (Level 1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervise and administer epidural and intrathecal analgesia and epidural blood patch therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasonography for peripheral and central venous and arterial vascular access, regional anesthesia, neuraxial anesthesia, and lumbar puncture.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment for pleural fluid using ultrasound
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment for lung sliding or absence thereof in pneumothorax using ultrasound
<input type="checkbox"/>	<input type="checkbox"/>					Rescue /ACLS TEE Defined as a TEE that is needed to help determine the cause of cardiac arrest that requires ACLS to be administered, and there is no cause of the arrest readily apparent. Examples of this include an arrest coming from outside of the hospital, an unwitnessed arrest, or a witnessed arrest with no prodrome. In this setting, a rescue ACLS TEE is to evaluate for readily reversible causes of the arrest. Some examples of these causes include pericardial effusion with tamponade physiology, acute aortic dissection, acute cardiac failure, or acute saddle pulmonary embolism. Rescue ACLS TEE does not include performing a TEE on a patient who is declining or a patient who arrests with a clear-cut etiology or using it to diagnosis aortic dissection.
<input type="checkbox"/>	<input type="checkbox"/>					Basic Critical Care Echocardiography (BCCE): Ultrasound imaging of the heart for goal-directed, limited examinations to answer a specific clinical question. Ultrasound cognitive and technical skills required for: 1. Image Interpretation Echocardiographic patterns Global LV size and systolic function; 2. Ability to perform basic transthoracic echocardiography and differentiate normal from markedly abnormal cardiac structures and function; 3. Homogeneous/heterogeneous LV contraction pattern; 4. Global RV size and systolic function; 5. Assessment for pericardial fluid/tamponade; 6. IVC size and respiratory variation; 7. Ability to recognize marked hypovolemia; 8. Basic color Doppler assessment for severe valvular regurgitation.

Transesophageal Echocardiography

Description:

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
					Level 2: Basic Examination
<input type="checkbox"/>	<input type="checkbox"/>				LEVEL 2: BASIC EXAMINATION Option A: Eligibility or achievement of Basic Certification in Perioperative Transesophageal Echocardiography by the National Board of Echocardiography. Option B: If the physician is inexperienced, 50 satisfactory basic examination supervised by a Level 3 qualified anesthesiologist. Renewal of Level 2 privileges: Current board certification by the American Board of Anesthesiology or board eligible AND must personally perform a minimum of 15 TEE examination per year AND peer review: 10 examinations and reports must be reviewed per year by a physician credentialed with Level 2 or level 3 TEE privileges AND CME Requirement: 30 hours of TEE related CME over a three-year period.
					Level 3: Advanced Examination and Diagnostics
<input type="checkbox"/>	<input type="checkbox"/>				LEVEL 3: ADVANCED EXAMINATION and DIAGNOSTICS Option A: Eligibility or achievement of Advanced Certification in Perioperative Transesophageal Echocardiography by the National Board of Echocardiography. Option B: A minimum of three months of cumulative experience in perioperative TEE supervised by an anesthesiologist involving a minimum of 100 transesophageal echocardiography examinations and readings. This option only applies to the physicians who graduated prior to 2009 from Anesthesiology Residency. Renewal of Level 3 privileges: Current board certification by the American Board of Anesthesiology or board eligible AND must personally perform a minimum of 25 TEE examinations per year AND peer review: 10 examinations and reports must be reviewed per year by Level 3 TEE credentialed physician AND CME Requirement: 12 hours of TEE related CME over a three-year period.

Critical Care Medicine (Core)

Description:

Qualifications

Education/Training MD, DO. Successful completion of an ACGME- or AOA- approved post-graduate fellowship program in Critical Care Medicine

Additional Qualifications: Must be granted Core Privileges in a primary specialty.

Certification Applicant must be board certified by the American Board of Anesthesiology in Critical Care Medicine or have completed the required training program within the last five years.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>				Ventilator management
<input type="checkbox"/>	<input type="checkbox"/>				Calibration and operation of cerebrospinal fluid monitoring systems
<input type="checkbox"/>	<input type="checkbox"/>				Calibration and operation of hemodynamic recording systems
<input type="checkbox"/>	<input type="checkbox"/>				Chest tube insertion
<input type="checkbox"/>	<input type="checkbox"/>				Cardioversion- external only
<input type="checkbox"/>	<input type="checkbox"/>				Conscious sedation: mild, deep and moderate
<input type="checkbox"/>	<input type="checkbox"/>				Esophageal-gastric balloon insertion
<input type="checkbox"/>	<input type="checkbox"/>				Flexible fiberoptic bronchoscopy
<input type="checkbox"/>	<input type="checkbox"/>				Insertion and management of arterial lines and central venous catheters
<input type="checkbox"/>	<input type="checkbox"/>				Metabolic and nutritional support, fluid and electrolytes
<input type="checkbox"/>	<input type="checkbox"/>				Paracentesis, or peritoneal lavage with or without ultrasound (OSUWMC POCUS Policies and Procedures CBL course required at initial)
<input type="checkbox"/>	<input type="checkbox"/>				Thoracentesis with or without ultrasound (OSUWMC POCUS Policies and Procedures CBL course required at initial)
<input type="checkbox"/>	<input type="checkbox"/>				Tracheostomy tube change
<input type="checkbox"/>	<input type="checkbox"/>				Determination of brain death (CBL REQUIRED for initial privileges)
<input type="checkbox"/>	<input type="checkbox"/>				Consult, supervise, and manage mechanical circulatory support, including intra-aortic balloon pumps, ventricular assist device(s), and ECMO/ECLS.

Critical Care Medicine (Non-Core)

Description: Must qualify for Critical Care Medicine (Core) privileges

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges				
<input type="checkbox"/>	<input type="checkbox"/>			
Percutaneous tracheostomy (INITIAL-10 cases)(Must perform 5 every 3 Years)				
<input type="checkbox"/>	<input type="checkbox"/>			
Percutaneous Ultrasound Gastrostomy (PUG) - (INITIAL: 1. Proof of manufacturer's training to include elearning module and simulator training (certificate of completion required) AND On-site proctoring of first 5 cases by a physician competent to perform PUG procedures; OR 2. Proof of at least 10 PUG procedures in the last 2 years. A letter from the applicant's current Department Chair or equivalent attesting to quality and competency is required. Successful completion of the OSUWMC POCUS Policies and Procedures CBL course is required. If less than 10 have been completed, then additional FPPE may be required.)(Must perform 7 every 3 Years)				

Critical Care Point of Care Ultrasound (POCUS)

Description: Preliminary limited point of service ultrasound performed at the bedside as part of a physical examination. Results may be used as a basis for formulating a preliminary diagnosis or for ordering more definitive diagnostic procedures. This is not intended to constitute full diagnostic ultrasound privileges.

Qualifications

Education/Training: MD or DO
AND Successful completion of the OSUWMC POCUS Policies and Procedures CBL course.
AND Fellowship Pathway: Completion of a residency or fellowship with a formal curriculum in critical care POCUS, both didactic and hands-on experience in critical care POCUS. Required documentation includes a letter from the program director attesting to the completion of a formal training program including both didactic and hands-on experience as well as stating competency in the specific POCUS exam being requested.
OR Proctoring Pathway: The completion of an approved external course (approved by division US director or POCUS representative or approved surrogate). Additionally, a letter of hands-on experience from an expert preceptor*. Required documentation includes a certificate from the course and/or a letter from the expert preceptor stating competency in performing the POCUS test(s) being requested, as well as sufficient case logs.
OR New Hire Pathway: A letter from the department chair where the candidate had been previously practicing (not training) stating that the applicant had formal privileges in critical care POCUS examinations. The letter must include that the applicant was deemed competent (as a result of quality monitoring) in the test(s) being requested. The applicant must also submit a log of the required number of procedures.
 A preceptor is defined as a practitioner who has full and unrestricted privileges for the procedure being requested.

Clinical Experience (Initial) I have read the credentialing guidelines and attest that I meet the minimum requirements. Enclosed is documentation showing: Formal training (ACGME- or AOA- Accredited Programs) Clinical experience/Proctoring experience. Must attach logs demonstrating required cases/year with satisfactory outcome(s).

Clinical Experience (Reappointment) Attestation of quality outcomes. QA audits should be completed by department per POCUS policy. AND (if needed) Required number of cases (reviewed by division US director or POCUS representative or surrogate approved by POCUS committee) Must attach logs of cases as required.

FPPE Two (2) procedures per category must be reviewed by division US director or POCUS representative or surrogate approved by POCUS committee for evidence of competency within 6 months after granting privileges.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Newly Requested privileges - Currently Granted privileges

<input type="checkbox"/>	<input type="checkbox"/>			<p>Focused Abdominal Ultrasound : Ultrasound cognitive and technical skill required for: 1. Assessment for intraperitoneal fluid identification of a relatively echo-free space surrounded by typical anatomic boundaries: abdominal wall, diaphragm, liver, gallbladder, spleen, kidney, bladder, bowel, uterus, spinal column, aorta, IVC Identification of abdominal wall, diaphragm, liver, gallbladder, spleen, kidney, bladder, bowel, uterus, spinal column, aorta; 2. Identification of abdominal aorta; 3. Identification of dilation of the abdominal aorta consistent with an abdominal aortic aneurysm; 4. Characterization of fluid: anechoic; echogenicity (using liver/spleen as reference); homogeneous or heterogeneous; presence of strands/debris/septations; 5. Qualitative bladder volume [Initial: 20 cases](Must perform 7 every 3 Years)</p>
<input type="checkbox"/>	<input type="checkbox"/>			<p>Focused Thoracic/Pleural Ultrasound : Ultrasound cognitive and technical skill required for: 1. Identification of interstitial fluid such as pulmonary edema, ARDS, pneumonia, pulmonary contusion; 2. Identification of characteristic dynamic findings of pleural fluid, such as diaphragmatic motion, floating lung, dynamic fluid motion, respirophasic shape change; 3. Knowledge of the basic semiology of lung ultrasound: A-lines, B-lines, pleural sliding, static and dynamic air bronchograms and lung point. [Initial: 20 cases](Must perform 7 every 3 Years)</p>
<input type="checkbox"/>	<input type="checkbox"/>			<p>Vascular Ultrasound: Ultrasound cognitive and technical skills required for 1. Identification of relevant veins and their associated artery: internal jugular, subclavian, axillary, brachial, basilic, common femoral, proximal saphenous, superficial femoral, popliteal with differentiation from adjacent artery 2. Identification of venous thrombosis: visualization of endoluminal thrombus, performance of compression study with identification of noncompressible vein consistent with thrombosis 3. Knowledge not to perform compression maneuver if there is a visible thrombus Identification of adjacent structures such as lymph node, mass, hematoma, ruptured Baker cyst [Initial: 20 cases](Must perform 7 every 3 Years)</p>

Pain Medicine

Description:

Qualifications

Education/Training Successful completion of an ACGME- or AOA- accredited residency in a relevant medical specialty, followed by successful completion of an ACGME- or AOA- accredited fellowship in pain medicine of at least a 12-month duration.

Board Certification Current subspecialty certification or board eligible leading to sub- specialty certification in pain medicine by the American Board of Anesthesiology, the American Board of Psychiatry and Neurology, or the American Board of Physical Medicine and Rehabilitation, or current certification or board eligible leading to certification by the American Board of Pain Medicine. Board certification must be obtained within 5 years of completion of subspecialty training.

Clinical Experience (Initial) A letter from the fellowship program director attesting to competency and completion of at least 50 procedures reflective of the scope of privileges requested is required for all applicants who completed a training program in the last 12 months.
OR A letter from the current department chair attesting to competency and performance of at least 50 procedures reflective of the scope of privileges requested for the last 2 years is required for all applicants who are currently performing pain management privileges at another institution.

Clinical Experience (Reappointment) Documentation of at least 15 procedures reflective of the scope of privileges requested over the last 3 years.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admit, evaluate, diagnose, treat and provide consultation to patients with acute and chronic pain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H&P appropriate to chronic pain management evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidural Injection - Cervical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidural Injection - Lumbosacral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discography - Cervical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discography - Lumbosacral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopic Guided Joint Injection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopic Guided Selective Nerve Root Injection - Cervical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopic Guided Selective Nerve Root Injection - Lumbosacral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sympathetic Block - Cervical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sympathetic Block - Lumbosacral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denervation by radio frequency ablation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of dorsal column stimulator electrodes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of peripheral nerve stimulator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic and diagnostic nerve block, with or without steroids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denervation by cryothermyablation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of subcutaneous generator for stimulator electrodes and management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of pump for delivery of intraspinal medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epiduroscopy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intraspinal catheter placement to include: epidural and intrathecal; permanent catheter placement; permanent catheter placement with infusion port; subcutaneous implantation of infusion pump
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopy and ultrasound guidance for injection procedures (Fluoroscopy CBL required at initial)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kyphoplasty/Vertebroplasty (Initial - documentation of at least 5 in the last 2 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basivertebral nerve ablations (Initial - Manufacturer certificate of training required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interspinous spacer placement (Initial - Manufacturer certificate of training required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minuteman procedure (Initial - Manufacturer certificate of training required)

Ocular Block

Description:

Qualifications

Initial Privileges

One hour of Category I CME relevant to Ocular block.

AND Documentation of privileges at another institution, and a letter of competency from the Division Director or Chair of Department. Documentation of case logs for a minimum of 20 procedures with favorable outcomes.

OR Proctored for 10 procedures by a physician who has been credentialed by the Ohio State University Health System and letter of competency from proctoring physician.

Reappointment

30 procedures in the last 3 years AND one hour of Category I CME relevant to Ocular Block.

Request

OSUHS
The James
ASCNA
ASCDUB
ASCP

- Newly Requested privileges - Currently Granted privileges

Ocular block

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 Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Certified Registered Nurse Anesthetist (CRNA)

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

- OSUHS**

 The James

 ASCNA

 ASCDUB
 ASCP

Required Qualifications

- Education/Training** Completion of a master's/post-master's or doctorate degree in a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) or its predecessor.
- Certification** Current and continuous certification as a CRNA by the National Board of Certification and Recertification of Nurse Anesthetists.
AND A full and unrestricted nursing license and a certificate of authority to practice as a CRNA in the state of Ohio.
- Additional Qualifications** Current and continuous maintenance of ACLS certification from the American Heart Association.
AND Ongoing professional practice evaluation must be submitted every six months as required by the Medical Center.

Core Privileges

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> - Newly Requested privileges <input style="border: 1px solid green;" type="checkbox"/> - Currently Granted privileges </div> <p>INDIRECT SUPERVISION: (Defined as prior consultation and approval of the anesthesiologist and the anesthesiologist is immediately available. Immediately available definition is based on the definition provided in the Department of Anesthesiology Scope of Services Policy).</p>				

Core Privileges

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer monitored anesthesia care (MAC) for ASA 1-6 patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer general anesthesia for ASA 1-6 patients (indirect physician supervision); however, direct physician supervision is required for critical portions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform emergent airway management including mask airway, endotracheal intubation via oral, nasal or tracheostomy routes and placement of supraglottic airway devices and extubation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform peripheral intravenous cannulation and arterial blood gas puncture.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform preoperative evaluation of patient and obtain anesthesia consent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform radial artery cannulation and external jugular cannulation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide monitoring of invasive modalities (ex., arterial lines, central venous catheters, pulmonary artery catheters, lumbar drains) and noninvasive monitoring modalities.
					DIRECT SUPERVISION: (Defined as with prior consultation and approval of the anesthesiologist and in the immediate presence of the anesthesiologist).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist physician as directed with placement of peripheral nerve blocks, placement of central venous lines and placement of non-radial arterial lines using ultrasound. [INITIAL: Successful completion of the OSUWMC POCUS Policies and Procedures CBL course]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist physician as directed with placement of peripheral nerve blocks, placement of central venous lines and placement of non-radial arterial lines (non-ultrasound guided).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiberoptic intubation and other advanced airway techniques.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer general anesthesia for ASA 1-6 patients (indirect physician supervision); however, (direct physician supervision) is required for critical portions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor and administer spinals, epidurals and Bier blocks for ASA 1-6 patients with direct physician supervision for critical portions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform routine airway management including mask airway, endotracheal intubation via oral, nasal or tracheostomy routes and placement of supraglottic airway devices and extubation.

Ultrasound Guided privileges (Indirect supervision)

Qualifications

Education/Training Formal training: Completion of a training program (in 2021 or after) with a curriculum that included both didactics and hands-on experience in the procedure requested. Documentation of curriculum required.

OR Proctoring experience: The completion of a course (approved by division US director or POCUS representative or surrogate approved by POCUS committee) that includes both didactic and hands-on instruction in the procedure requested and completion of at least 10 procedures under the supervision of an expert preceptor.

OR Clinical experience: A letter from the department chair or designee where the applicant currently holds privileges, attesting to competency (as a result of quality monitoring) and completion of at least 10 cases.

Other Successful completion of the OSUWMC POCUS Policies and Procedures CBL course required for initial applicants.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound guided peripheral intravenous cannulation and arterial blood gas puncture (Must perform 3 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound guided radial artery cannulation. (Must perform 3 every 3 Years)

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 Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's



Gastroenterology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

- OSUHS**

 The James

 ASCNA

 ASCDUB
 ASCP

Required Qualifications

Education/Training Completion of an ACGME or AOA accredited Residency training program in Internal Medicine. **AND** Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology.
OR International Training Pathway: Completion of three or more years of verified international graduate medical education training in Internal Medicine and Gastroenterology. A letter verifying competency to practice independently may be required.

Certification Current certification or active participation in the examination process leading to certification in Gastroenterology by the American Board of Internal Medicine or Gastroenterology by the American Osteopathic Board of Internal Medicine. Board certification must be achieved within five years of completion of specialty training.
OR On track to fulfill the requirements of the American Board of Internal Medicine (ABIM) - Alternate Pathway for IMG (International Medical Graduate). Board certification must be obtained within five (5) years of fulfilling requirements for certification.

Core Privileges in Gastroenterology

Description: Evaluate, diagnose, provide consultation, treat and manage patients with diseases and disorders of the gastrointestinal tract, including the esophagus, stomach, small intestine, large intestine, pancreas, liver, gallbladder and biliary system.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP

- Newly Requested privileges - Currently Granted privileges

<input type="checkbox"/>	<input type="checkbox"/>				Admit to inpatient care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform history and physical examination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate, diagnose, provide consultation and medically manage and treat gastroenterology patients. Privileges include medical management of general medical conditions which are encountered in the course of caring for the gastroenterology patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provision of care via telemedicine
					Procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proctoscopy and/or flexible sigmoidoscopy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy with and without biopsy or polypectomy including colonic dilatation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deep enteroscopy including single or double balloon enteroscopy (DBE) with or without biopsy (Initial: 10 procedures - 5 retrograde examinations OR If previously credentialed for this procedure at another facility, a log of 10 cases and letter from department chair attesting to competency OR letter from fellowship program director attesting competency)(Must perform 3 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>				Capsule endoscopy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper gastrointestinal endoscopy with or without biopsy including hemostasis (injection, electrocautery or ligation) and sclerotherapy or banding of esophageal varices and dilation of the esophagus or pylorus.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper gastrointestinal endoscopy device placement including stent or Bravo.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of energy sources (excluding lasers) during an endoscopic procedure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous endoscopic gastrostomy (PEG)
<input type="checkbox"/>	<input type="checkbox"/>				Liver biopsy
<input type="checkbox"/>	<input type="checkbox"/>				Placement of Sengstaken-Blakemore tube
<input type="checkbox"/>	<input type="checkbox"/>				Paracentesis of the abdomen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pH/impedance readings
<input type="checkbox"/>	<input type="checkbox"/>				GI tract Manometry
<input type="checkbox"/>	<input type="checkbox"/>				Endoflip and Esoflip procedures
<input type="checkbox"/>	<input type="checkbox"/>				Percutaneous endoscopic Jejunostomy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performance of Fecal Occult Blood testing in outpatient locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provision of consultation via telemedicine
					Optional Procedures
<input type="checkbox"/>	<input type="checkbox"/>				Central venous line placement (Must perform 7 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment of hepatic disorders

ERCP Procedures

Description:

Qualifications

Education/Training	Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology and an additional year of Advanced/Therapeutic Endoscopy sub-fellowship. Program Director must confirm competency to perform ERCP procedures if training occurred during the previous 24 months.
Initial	Applicant must provide documentation of 100 procedures during the previous 2 years (waived for applicants who completed training during the previous year).
Reappointment	Applicant must provide documentation of 36 procedures (unless otherwise noted) during the previous 3 years.
Additional Qualifications	Applicants must qualify for and be granted primary privileges in gastroenterology.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Procedures
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with biliary manometry
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with spincterotomy and stone extraction (Initial: 25 procedures)(Must perform 15 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with placement of biliary and/or pancreatic stent
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with placement of nasobiliary drainage
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with intraductal biopsies and/or brushings
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with intraductal balloon dilation
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with choledochoscopy and/or pancreatoscopy
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with lithotripsy including electrohydraulic lithotripsy
<input type="checkbox"/>	<input type="checkbox"/>				ERCP with intraductal tumor ablation

Diagnostic and Therapeutic Endoscopic Ultrasonography (EUS)

Description:

Qualifications

Education/Training	Completion of an ACGME or AOA accredited Fellowship training program in Gastroenterology and an additional year of Advanced/Therapeutic Endoscopy sub-fellowship. OR Documentation of completion of a "hands on" CME training program that included hands experience on human subjects that is acceptable to the department chair.
Initial	Applicant must provide documentation of 100 procedures representative of the scope and complexity of the privileges requested during the previous 24 months (waived for applicants who completed training during the previous year).
Reappointment	Applicant must provide documentation of 36 procedures (unless otherwise noted) representative of the scope and complexity of privileges requested during the previous 3 years.
Additional Qualifications	Applicants must qualify for and be granted primary privileges in gastroenterology.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>				Diagnostic EUS -- Pancreas
<input type="checkbox"/>	<input type="checkbox"/>				Diagnostic EUS -- Esophagus, stomach and rectum
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS - Mucosal resection esophagus, stomach and rectum
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS - Mucosal resection small intestine and colon
<input type="checkbox"/>	<input type="checkbox"/>				Fine needle aspiration with EUS
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS with Fine Needle Biopsy
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS with Confocal Endomicroscopy
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS with Tumor Ablation
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS with Portal Pressure Measurements
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS with cystgastrostomy
<input type="checkbox"/>	<input type="checkbox"/>				Therapeutic EUS with Lumen Apposing Stent Placement
<input type="checkbox"/>	<input type="checkbox"/>				Bedside hemodynamic monitoring (Reappointment: 5)(Must perform 7 every 3 Years)

Transplant Hepatology Privileges

Description:

Qualifications	
Education/Training	Completion of a fellowship training program in hepatology or transplant hepatology
Certification	Current certification or active participation in the examination process leading to certification in Transplant Hepatology by the American Board of Internal Medicine. Board certification must be achieved within five years of completion of subspecialty training.
Initial	Completion of a fellowship training program in hepatology or transplant hepatology OR Five years of demonstrated practice with 80% of clinical care devoted to hepatology as determined by Division Chief and Department Chair.
Reappointment	Applicant must provide documentation of provision of clinical services representative of the scope and complexity of privileges requested during the previous 3 years.
Additional Qualifications	Must qualify for and be granted primary privileges in gastroenterology.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>				Transplant: Management of liver transplant patients including candidates for liver transplant, living donor, and immunosuppression management. Interpretation of percutaneous liver biopsy, including allograft and native.
					Procedures
<input type="checkbox"/>	<input type="checkbox"/>				Performance of percutaneous liver biopsy, including allograft and native

Endoscopic Sleeve Gastroplasty (ESG)

Description:

Qualifications

Initial	<p>Privileges in advanced therapeutic endoscopy OR advanced laparoscopy, and at least 1 other advanced endoscopic privilege (i.e. ERCP, EUS, deep enteroscopy)</p> <p>AND Previous practical experience via an Advanced Therapeutic Endoscopy Fellowship AND clinical experience with a minimum of 10 ESG procedures</p> <p>OR Formal training in performing ESG aka Endoscopic Sleeve Gastroplasty to include at a minimum, didactic and animal practical experience in the procedure and formal training to include didactic and practical experience in a practical model under the supervision of an approved preceptor</p> <p>AND Successful completion of at least one (1) endoscopic Sleeve gastroplasty with a proctor OR documentation of being credentialled and having performed 10 procedures independently in another facility.</p>
Reappointment	Completion of 3 procedures in the last 3 years and/or performance of Endoscopic suturing at least 5 times a year (15 in 3 years)

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>			
<p><input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges</p> <p>Endoscopic Sleeve Gastroplasty (ESG)</p>				

Peroral Endoscopic Myotomy (POEM)

Description:

Qualifications

Initial Privileges in advanced therapeutic endoscopy OR advanced laparoscopy, and at least 1 other advanced endoscopic privilege (i.e. ERCP, EUS, deep enteroscopy)
AND Previous practical experience via an Advanced Therapeutic Endoscopy Fellowship AND clinical experience with the practitioner having performed a minimum of 5 POEM procedures
OR Formal training in performing ESD aka Endoscopic submucosal dissection to include at a minimum, didactic and animal practical experience in the procedure (with evidence of a hands on training course on animals with certificate), and formal training to include didactic and practical experience having performed proctored cases under the supervision of an approved preceptor
AND Successful completion of at one (1) endoscopic submucosal dissection with a proctor. OR documentation of being credentialed and having performed 10 procedures independently in another facility.

Reappointment Completion of 3 procedures every 3 years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>			

- Newly Requested privileges - Currently Granted privileges

Peroral endoscopic myotomy (POEM)

Endoscopic Submucosal Dissection (ESD)

Description:

Qualifications

Initial Privileges in advanced therapeutic endoscopy OR advanced laparoscopy, and at least 1 other advanced endoscopic privilege (i.e. ERCP, EUS, deep enteroscopy)
AND Previous practical experience via an Advanced Therapeutic Endoscopy Fellowship AND clinical experience with the practitioner having performed a minimum of 3 ESD procedures
OR FORMAL TRAINING in performing ESD (endoscopic submucosal dissection) to include at a minimum, didactic and animal practical experience in the procedure (with evidence of a hands on training course on animals with certificate), and formal training to include didactic and practical experience having performed proctored cases under the supervision of an approved preceptor
AND Successful completion of at one (1) endoscopic submucosal dissection with a proctor OR documentation of being credentialled and having performed 10 procedures independently in another facility.

Reappointment Completion of 3 procedures every 3 years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>			

- Newly Requested privileges - Currently Granted privileges

Endoscopic Submucosal Dissection (ESD)

Transoral Incisionless Fundoplication (TIF)

Description:

Qualifications

Initial Privileges in advanced therapeutic endoscopy OR advanced laparoscopy, and at least 1 other advanced endoscopic privilege (i.e. ERCP, EUS, deep enteroscopy)
AND Previous practical experience via an Advanced Therapeutic Endoscopy Fellowship or accredited surgical residency program AND clinical experience with the practitioner having performed a minimum of 2 TIF procedures
OR Formal training in performing TIF to include at a minimum, didactic and practical experience in the procedure and ongoing proctored training provided by industry (this is the current standard procedure in place across many health systems).
AND Proctoring or precepting (by an expert) not required due to less technical demands of this procedure compared to "third-space" procedures above (POEM, ESD)

Reappointment Completion of 3 procedures every 3 years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>			

- Newly Requested privileges - Currently Granted privileges

Transoral Incisionless Fundoplication (TIF)

IBD POCUS

Description: Intestinal point of care ultrasound to evaluate for suspected or confirmed inflammatory bowel disease to look for extent of disease activity and/or response to therapy. This may include evaluating for bowel wall thickness, bowel wall vascularity, abdominal adenopathy, mesenteric echogenicity, and abscess/fistula formation.

Qualifications

Initial Gastroenterology fellowship training that included an IBD focus.
AND Completion of an International Bowel US (IBUS) course that is approved by the program director or the POCUS representative who has credentialing in GI IBD POCUS. This course must include both a didactic and hands-on experience.
AND Successful completion of the OSUWMC POCUS Policies and Procedures CBL course

Reappointment Attestation of quality outcomes. QA audits should be completed by department per POCUS policy. AND (if required per criteria) Required number of cases (reviewed by division US director or POCUS representative or surrogate approved by POCUS committee) Logs of cases must be provided.

FPPE Two (2) procedures must be reviewed by division US director or POCUS representative or surrogate approved by POCUS committee for evidence of competency within 6 months after granting privileges.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>			

- Newly Requested privileges
 - Currently Granted privileges

IBD POCUS

Moderate (procedural) Sedation

Description:

Qualifications

Initial Completion of on-line competency course and exam (1 hour course on the OSU CME website) **AND** Current ACLS certification approved by the American Heart Association or ATLS certification. **AND** Current DEA certificate

Reappointment Documentation of satisfactory performance of at least fifteen (15) moderate and/or deep sedation cases in the previous 3 years. **AND** Provide current DEA certificate and current ACLS certification (approved by the American Heart Association) or ATLS certification.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges</p> <p>MODERATE Sedation - This level of sedation produces a drug-induced decrease of consciousness during which patients respond purposefully to verbal commands, with or without tactile stimulation. A patent airway and spontaneous ventilation are adequate without intervention. Cardiovascular status is usually maintained.</p>				

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 Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Pathology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities				
<input checked="" type="checkbox"/> OSUHS	<input checked="" type="checkbox"/> The James	<input checked="" type="checkbox"/> ASCNA	<input checked="" type="checkbox"/> ASCDUB	
<input checked="" type="checkbox"/> ASCP				

Core Privileges in Anatomic Pathology (AP)

Description:

Qualifications	
Education/Training	Successful completion of a post-graduate residency training program in an ACGME or AOA approved Anatomic or Anatomic and Clinical Pathology program. OR International Training Pathway: Successful completion of a program in Pathology accredited by the Royal college of Physicians and Surgeons of Canada (RCPSC).
Certification	Applicant must be board certified by the American Board of Pathology (Anatomical, or Anatomic and Clinical Pathology Combined) or by the American Osteopathic Board of Pathology or have completed the required training program within the last five years.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>				Autopsy Pathology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical Pathology
<input type="checkbox"/>	<input type="checkbox"/>				Frozen Section

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provision of AP Core Privileges or AP Advance Privileges via Telemedicine
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Core Privileges in Clinical Pathology (CP)

Description:

Qualifications

Education/Training Successful completion of a post-graduate residency training program in an ACGME or AOA approved Clinical or Anatomic and Clinical Pathology program
OR International Training Pathway: Successful completion of a program in Pathology accredited by the Royal college of Physicians and Surgeons of Canada (RCPSC).

Certification Applicant must be board certified by the American Board of Pathology (Clinical Pathology or Anatomic and Clinical Pathology Combined) or by the American Osteopathic Board of Pathology or have completed the required training program within the last five years.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Chemistry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Microscopy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hematopathology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provision of CP Core Privileges or CP Advanced Privileges via Telemedicine

Advanced Privileges in Cytopathology

Description:

Qualifications

- Education/Training** Successful completion of a post-graduate residency training program in an ACGME or AOA approved Cytopathology program.
OR International Training Pathway: Successful completion of a program in Pathology accredited by the Royal college of Physicians and Surgeons of Canada (RCPSC).
- Education/Training (Other)** Satisfactory completion of minimum threshold criteria for Core Privileges in Anatomic Pathology
- Certification** Applicant must be board certified in Cytopathology by the American Board of Pathology or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Advanced Privileges in Cytopathology				

Advanced Privileges in Superficial Fine Needle Aspiration -Complex

Description:

Qualifications

- Education/Training** 1. Satisfactory completion of minimum threshold criteria for Advanced Privileges in Cytopathology 2. Suitable evidence that the technique is appropriate for patient care. 3. Evidence of appropriate education in the use of the technique, including using animal models where appropriate for fine needle aspiration.
AND Procedural logs from training experience will be requested at initial appointment and reappointment containing a minimum of 15 cases in the last 3 years. If procedural logs are not available 5 mentored procedures will be documented.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Advanced Privileges in Superficial Fine Needle Aspiration				

Advanced Privileges in Dermatopathology-Complex

Description:

Qualifications

Education/Training Successful completion of a post-graduate fellowship training program in an ACGME or AOA approved Dermatopathology program.

AND Satisfactory completion of minimum threshold criteria for Core Privileges in Anatomic Pathology

Certification Applicant must be board certified in Dermatopathology by the American Board of Pathology or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Advanced Privileges in Dermatopathology - Complex				

Advanced Privileges in Neuropathology -Complex

Description:

Qualifications

Education/Training Successful completion of a post-graduate fellowship training program in an ACGME or AOA approved Neuropathology program.

AND Satisfactory completion of minimum threshold criteria for Core Privileges in Anatomic Pathology

Certification Applicant must be board certified in Neuropathology by the American Board of Pathology or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Privileges in Neuropathology - Complex
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Advanced Privileges in Renal Pathology -Complex

Description:

Qualifications

Education/Training Successful completion of a post-graduate residency training program in an ACGME or AOA approved Anatomic or Anatomic and Clinical Pathology program.
AND Documentation of provision of 24 complex renal pathology cases within the last two years.

Certification Applicant must be board certified by the American Board of Pathology (Anatomical or Anatomic and Clinical Pathology Combined, or the American Osteopathic Board of Pathology or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges				
<input type="checkbox"/>	<input type="checkbox"/>			
Advanced Privileges in Renal Pathology - Complex				

Advanced Privileges in Clinical Chemistry -Complex

Description:

Qualifications

Education/Training Successful completion of a post-graduate fellowship training program in an ACGME or AOA approved Clinical Chemistry Program
OR Successful completion of a training program in Clinical Chemistry accredited by the American Board of Clinical Chemistry.

Certification Applicant must be board certified in Chemical Pathology by the American Board of Pathology or the American Board of Clinical Chemistry or have completed the required training program within the last five years.
OR Applicant must be board certified by the American Board of Clinical Chemistry or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Advanced Privileges in Clinical Chemistry - Complex				

Advanced Privileges in Hematopathology - Complex

Description:

Qualifications

Education/Training Satisfactory completion of minimum threshold criteria for Core Privileges in Anatomic or Clinical Pathology
AND Successful completion of a post-graduate fellowship training program in an ACGME or AOA approved Hematopathology program.

Certification Applicant must be board certified in Hematopathology by the American Board of Pathology or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Core Privileges in Hematopathology - Complex				

Advanced Privileges in Cytogenetics

Description:

Qualifications

Education/Training Satisfactory completion of minimum threshold criteria for Core Privileges in Anatomic or Clinical Pathology

AND Successful completion of a training program in Cytogenetics accredited by the American Board of Medical Genetics.

Certification Applicant must be board certified by the American Board of Medical Genetics or have completed the required training program within the last five years.

OR Applicant must be board certified by the American Board of Medical Genetics or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Advanced Privileges in Cytogenetics				

Advanced Privileges in Molecular Pathology

Description:

Qualifications

Education/Training Satisfactory completion of minimum threshold criteria for Core Privileges in Anatomic or Clinical Pathology

AND Successful completion of a training program in Cytogenetics accredited by the American Board of Medical Genetics

OR Successful completion of a Molecular Genetics training program accredited by the American Board of Medical Genetics.

Certification Applicant must be board certified in Molecular Genetic Pathology by the American Board of Pathology or the American Board of Medical Genetics or have completed the required training program within the last five years.

OR Applicant must be board certified by the American Board of Medical Genetics or have completed the required training program within the last five years.

Request				
OSUHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Newly Requested privileges - Currently Granted privileges

Advanced Privileges in Molecular Pathology

Advanced Privileges in Transfusion Medicine/Apheresis

Description:

Qualifications	
Education/Training	Satisfactory completion of minimum threshold criteria for Core Privileges in Clinical Pathology. OR Successful completion of a post-graduate fellowship training program in an ACGME or AOA approved Blood Banking/Transfusion Medicine program.
Certification	Applicant must be board certified in Blood Banking/Transfusion Medicine by the American Board of Pathology or have completed the required training program within the last five years.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges Advanced Privileges in Transfusion Medicine/Apheresis

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 Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Radiology

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

OSUHS

The James

ASCNA

ASCDUB

ASCP

Required Qualifications

Education/Training	<p>Completion of an ACGME or AOA accredited residency training program in Diagnostic Radiology. OR Completion of an ACGME accredited Integrated Interventional Radiology (IR) residency program. OR International Training Pathway: Completion of international training and fulfilling the requirements of the American Board of Radiology (ABR) - Alternate Pathway for IMG (International Medical Graduate).</p>
Certification	<p>Current certification by the American Board of Radiology (ABR) or American Osteopathic Board of Radiology (AOBR), or active participation in examination process leading to board certification within five (5) years of completion of training program. OR Completion of international training and on track to fulfill the requirements of the American Board of Radiology (ABR) - Alternate Pathway for IMG (International Medical Graduate). Board certification must be obtained within five (5) years of fulfilling requirements for certification.</p>
Other	<p>A letter from the program director(s) or current department chair or their designee attesting to competency and case volume may be requested at initial appointment and/or reappointment.</p>

Core Privileges

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiology services via Telemedicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plain-Film Interpretation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopy (CBL required at initial credentialing)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preliminary interpretations of any diagnostic imaging exam.
<input type="checkbox"/>	<input type="checkbox"/>				Ultrasound
<input type="checkbox"/>	<input type="checkbox"/>				CT (Computed Tomography) and CT Angiography (CTA)
<input type="checkbox"/>	<input type="checkbox"/>				MRI (Magnetic Resonance Imaging) and MR Angiography (MRA)

Abdominal Body Imaging

Description:

Qualifications

Education/Training Fulfillment of education/training and certification requirements for "Core Privileges".
AND Completion of an institutional GME approved Abdominal Imaging Fellowship or equivalent experience.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>				CT and CT Angiography (abdomen/pelvis)
<input type="checkbox"/>	<input type="checkbox"/>				MRI and MR Angiography (abdomen/pelvis)
<input type="checkbox"/>	<input type="checkbox"/>				Fluoroscopy (gastrointestinal/genitourinary, and head/neck/chest/abdomen and pelvis)
<input type="checkbox"/>	<input type="checkbox"/>				Ultrasound (abdomen/pelvis, chest, back, and extremities)
<input type="checkbox"/>	<input type="checkbox"/>				Ultrasound (thyroid/parathyroid and head/neck)
<input type="checkbox"/>	<input type="checkbox"/>				Ultrasound (vascular)

Breast Imaging

Description:

Qualifications

Education/Training Fulfillment of education/training and certification requirements for "Core Privileges". **AND** Completion of an institutional GME approved Breast Imaging Fellowship or equivalent experience.

Clinical Experience (Initial) Must meet the Mammography Quality Standards Act (MQSA) interpreting physician experience and education requirements as defined by the Act and FDA. Attestation signed by Department Chair or designee is required.

Clinical Experience (Reappointment) Must meet the Mammography Quality Standards Act (MQSA) interpreting physician experience and education requirements as defined by the Act and FDA. Attestation signed by Department Chair or designee is required.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
					Core Privileges
<input type="checkbox"/>	<input type="checkbox"/>				Digital Mammography, Breast Tomosynthesis
<input type="checkbox"/>	<input type="checkbox"/>				MRI (breast, axillae)
<input type="checkbox"/>	<input type="checkbox"/>				Ultrasound (breast, axillae)
					Advanced Privileges
<input type="checkbox"/>	<input type="checkbox"/>				Stereotactic or other Image-Directed Percutaneous Biopsy, Aspiration &/or Drainage (Breast, Nodes) [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 10 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 10 cases performed in the last 12 months].(Must perform 30 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>				Breast Cryoablation Therapy [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and least 5 lesions ablated (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 lesions ablated in the last 12 months].(Must perform 7 every 3 Years)

Cardiovascular Imaging

Description:

Qualifications

Education/Training Fulfillment of education/training and certification requirements for "Core Privileges".
AND Completion of institutional GME approved Cardiovascular Fellowship or equivalent experience.

Additional Qualifications for Cardiac MR Completion of an ACGME accredited or AOA recognized fellowship program in Cardiology, Radiology, or Vascular Surgery that included Level 3 training in Cardiac MRI and MRA. Program Director must provide letter confirming training as well as current competency.
OR 12 months formal training under the supervision of a Level 3 trained Laboratory Director; **AND** mentored interpretation of 300 cases, with 100 as primary operator (Level 2); **AND** 40 hours of MRI related CME over 2 years.

Request				
OSHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges				
<input type="checkbox"/>	<input type="checkbox"/>			
Ultrasound (vascular)				
<input type="checkbox"/>	<input type="checkbox"/>			
CT (Cardiac) [INITIAL APPOINTMENT: Documentation of clinical practice including 250 interpreted cases, with 65 involved in patient preparation, data acquisition, and image reconstruction and 1) meet the training requirements of the American College of Radiology for the Certificate of Advanced Proficiency in Cardiac CT, OR 2) meet requirements for certification in Cardiac CT by the Certification Board of Cardiovascular Computed Tomography (CBCCT)]. (Must perform 150 every 3 Years)				
<input type="checkbox"/>	<input type="checkbox"/>			
CT Angiography (CTA)				
<input type="checkbox"/>	<input type="checkbox"/>			
MR (Cardiac) [INITIAL APPOINTMENT: Documentation of clinical practice including 300 cases, with 100 as primary operator AND 40 hours CME over the last 2 years. REAPPOINTMENT: 300 cases performed/interpreted over previous 3 years and 60 CME hours in the last 3 years].				
<input type="checkbox"/>	<input type="checkbox"/>			
MR Angiography (MRA)				

Vascular Interventional Radiology

Description:**Qualifications**

Education/Training	<p>Completion of an ACGME accredited Integrated Interventional Radiology (IR) Residency Program.</p> <p>OR Completion of an ACGME accredited or AOA approved Diagnostic Radiology residency program, followed by completion of a two-year Independent IR Residency program. Candidates who have successfully completed an ACGME approved ESIR (Early Specialization in Interventional Radiology) curriculum within an ACGME accredited Diagnostic Radiology program may complete one year in an Independent IR Residency program, rather than two years, to fulfill this requirement.</p> <p>OR Completion of an ACGME accredited or AOA approved Diagnostic Radiology Residency Program, followed by a one-year ACGME accredited or AOA recognized Vascular and Interventional Radiology fellowship program.</p> <p>OR International Training Pathway: Completion of international training and fulfilling the requirements of the American Board of Radiology (ABR) - Alternate Pathway for IMG (International Medical Graduate) in Interventional Radiology.</p>
Certification	<p>Current ABR specialty certification, or active participation in the examination process leading to ABR specialty certification, in Interventional/Diagnostic Radiology, within five (5) years of completion of specialty training.</p> <p>OR Current certification by American Osteopathic Board of Radiology (AOBR), followed by subspecialty certification in Vascular and Interventional Radiology within five (5) years of completion of subspecialty training.</p> <p>OR Completion of international training and on track to fulfill the requirements of the American Board of Radiology (ABR) - Alternate Pathway for IMG (International Medical Graduate) in Interventional Radiology. Board certification must be obtained within five (5) years of fulfilling requirements for certification.</p>

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
					Core Privileges
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		Clinical pre-procedure evaluation of patients and post-procedure management of patients
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		Catheter-Directed Angiography
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		Lymphangiography
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		Vascular interventions (Including but not limited to: vascular access & access removal, balloon angioplasty, stent placement, mechanical and chemical thrombectomy/thrombolysis, embolic therapy, ablation therapy)
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		IVC filter placement and removal
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		Foreign body removal

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Image-guided percutaneous aspiration and drainage (Including but not limited to: paracentesis, thoracentesis, nephrostomy tube placement, abscess drainage, aspirations)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous enteric access placement (Including but not limited to: gastric tube placement, gastrojejunostomy tube placement, cecostomy tube placement).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transcatheter biliary and genitourinary procedures (Including but not limited to: cholangiography, nephrostograms, treatment of stenosis, treatment of lithiasis, biopsy, embolization)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transjugular intrahepatic portosystemic shunt (TIPS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Image-guided percutaneous biopsy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Image-guided percutaneous pain management or therapy (Including but not limited to: nerve block, nerve ablation therapies (for example, radiofrequency, cryogenic, chemical)
<input type="checkbox"/>	<input type="checkbox"/>		Ultrasound (vascular)
<input type="checkbox"/>	<input type="checkbox"/>		CT Angiography (CTA)
<input type="checkbox"/>	<input type="checkbox"/>		MR Angiography (MRA)
			Advanced Privileges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transarterial radioembolization (Including but not limited to: Y-90) [INITIAL: written confirmation by the Radiation Safety Officer or designee attesting to the applicant's approval as an Authorized User Physician].(Must perform 5 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Image-guided tumor ablation procedures - all modes [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 5 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 cases performed in the last 12 months].
<input type="checkbox"/>	<input type="checkbox"/>		Histotripsy [INITIAL APPOINTMENT: Certificate of completion of histotripsy training (via manufacturer). AND must be granted privileges for Image-guided tumor ablation procedures OR proctoring on 5 histotripsies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ordering and administering of hepatic intra-arterial chemotherapy (TACE) [INITIAL APPOINTMENT: Completion of "New IHIS Provider: Oncology (Ambulatory Clinic and Inpatient)" CBL AND Letter from Program Director attesting to competency and at least 5 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 cases performed in the last 12 months].
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous vertebral augmentation (vertebroplasty, kyphoplasty, sacroplasty, laminoplasty) [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 5 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 cases performed in the last 12 months].

Molecular Imaging/ Nuclear Medicine

Qualifications

Education/Training Multiple training pathways are possible for eligibility for certification by: 1) the American Board of Nuclear Medicine (ABNM); OR 2) the American Board of Radiology (ABR), with subspecialty certification in Nuclear Radiology (NR). Any trainee meeting residency/fellowship requirements to be eligible for either the ABNM examination, or the ABR subspecialty certification in NR would meet the threshold training criteria for privileges in Molecular Imaging/Nuclear Medicine.

OR International Medical Graduates (IMG) also have multiple training pathways for eligibility for certification: 1) the American Board of Nuclear Medicine (ABNM) if the applicant fulfills the criteria set forth by the ABNM for IMG; OR 2) the American Board of Radiology (ABR) if the applicant meets the requirements for certification by the ABR, and additional requirements for subspecialty certification in NR.

Certification Current certification in Nuclear Medicine by the ABNM, or ABR subspecialty certification in NR, or active participation in the process leading to board certification within five (5) years of completion of these training programs.

OR On track to fulfill the requirements of the American Board of Nuclear Medicine pathway for International Medical Graduates. Board certification must be obtained within five (5) years of fulfilling requirements for certification.

OR Completion of international training and on track to fulfill the requirements of the American Board of Radiology (ABR) - Alternate Pathway for IMG (International Medical Graduate) with subspecialty certification in NR. Board certification must be obtained within five (5) years of fulfilling requirements for certification.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
					Level 1
<input type="checkbox"/>	<input type="checkbox"/>				Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals (Including but not limited to static and dynamic planar imaging, SPECT, SPECT-CT, PET, PET-CT).
<input type="checkbox"/>	<input type="checkbox"/>				Fusion imaging using nuclear medicine technologies and anatomic imaging (Including but not limited to: PET-CT or PET-MRI).
					Level 2 (INITIAL: Written confirmation by the Radiation Safety Officer or designee attesting to the applicant's approval as an Authorized User Physician)
<input type="checkbox"/>	<input type="checkbox"/>				Evaluate, diagnose and provide therapy to the metabolic, physiologic and pathologic conditions of the entire body utilizing clinical and laboratory methods that employ the measured nuclear properties of radioactive and stable nuclides.
<input type="checkbox"/>	<input type="checkbox"/>				Assume responsibility for patient management or be an active participant in the management team if nuclear medicine therapy is indicated.
<input type="checkbox"/>	<input type="checkbox"/>				Manage and/or supervise the preparation, administration, and use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations and for therapeutic purposes.

<input type="checkbox"/>	<input type="checkbox"/>				Use of therapeutic nuclear radiopharmaceuticals, (Including but not limited to: Lu-177, I-131, Ra-223).
<input type="checkbox"/>	<input type="checkbox"/>				Perform radioimmunoassay examinations and manage radioactively contaminated patients and facilities.

Musculoskeletal Imaging

Qualifications

Education/Training Fulfillment of education/training and certification requirements for "Core Privileges".
AND Completion of institutional GME approved Musculoskeletal Imaging Fellowship or equivalent experience.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
					Core Privileges
<input type="checkbox"/>	<input type="checkbox"/>				CT (cervical-thoracic-lumbar spine & sacrum/joint/extremity/mandible/trunk)
<input type="checkbox"/>	<input type="checkbox"/>				MRI (cervical-thoracic-lumbar spine & sacrum/joint/extremity/mandible/trunk)
<input type="checkbox"/>	<input type="checkbox"/>				Ultrasound (cervical-thoracic-lumbar spine & sacrum/joint/extremity/mandible/trunk)
<input type="checkbox"/>	<input type="checkbox"/>				DEXA Scan (INITIAL/REAPPOINTMENT: Must maintain certification by the International Society for Clinical Densitometry).
<input type="checkbox"/>	<input type="checkbox"/>				Arthrography
<input type="checkbox"/>	<input type="checkbox"/>				Image-Directed Percutaneous Aspiration &/or Drainage (muscle/bone/joint/tendon/fascia/soft tissue)
<input type="checkbox"/>	<input type="checkbox"/>				Image-Directed Percutaneous Pain Management or Therapy (muscle/bone/joint/tendon/fascia/soft tissue)
<input type="checkbox"/>	<input type="checkbox"/>				Clinical pre-procedure evaluation of patients and post-procedure management of patients
					Advanced Privileges
<input type="checkbox"/>	<input type="checkbox"/>				Image-Directed Percutaneous Biopsy (muscle/bone/joint/tendon/fascia/soft tissue) [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 20 supervised cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 20 procedures performed the last 12 months].(Must perform 30 every 3 Years)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Image-guided tumor ablation procedures - all modes [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 5 supervised cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 procedures performed in the last 12 months].
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Neuroradiology and Interventional Neuroradiology

Description:

Qualifications

Education/Training	Fulfillment of education/training for "Core Privileges". AND Completion of an ACGME accredited or AOA recognized fellowship program in Neuroradiology or equivalent training and experience that meets ABR standards.
Certification	Subspecialty certification in Neuroradiology by the American Board of Radiology (ABR) or the American Osteopathic Board of Radiology (AOBR) within five (5) years of completion of subspecialty training.

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
					Core Privileges:
<input type="checkbox"/>	<input type="checkbox"/>				CT or CTA of Brain, Spine, Head and Neck
<input type="checkbox"/>	<input type="checkbox"/>				MRI or MRA of Brain, Spine, Head and Neck
<input type="checkbox"/>	<input type="checkbox"/>				CT or MRI of Peripheral Nerves
<input type="checkbox"/>	<input type="checkbox"/>				Ultrasound (brain, spine, thyroid/parathyroid, and head/neck)
<input type="checkbox"/>	<input type="checkbox"/>				Image-Directed Spine Puncture (Including but not limited to: for CSF sampling/removal, chemotherapy, myelography, cisternography, drug delivery)
<input type="checkbox"/>	<input type="checkbox"/>				Clinical pre-procedure evaluation of patients and post-procedure management of patients
<input type="checkbox"/>	<input type="checkbox"/>				Angiography - Catheter-directed, diagnostic (brain/neck)
<input type="checkbox"/>	<input type="checkbox"/>				Temporary balloon test occlusion of vessel
<input type="checkbox"/>	<input type="checkbox"/>				Image-directed biopsy (spine, head and neck)
<input type="checkbox"/>	<input type="checkbox"/>				Nerve ablation procedures (radiofrequency, cryogenic, chemical)
<input type="checkbox"/>	<input type="checkbox"/>				Facet cyst aspiration and drainage
<input type="checkbox"/>	<input type="checkbox"/>				Spinal joint injections (facet, sacroiliac, costovertebral, pars defects, pseudo-arthritis)
<input type="checkbox"/>	<input type="checkbox"/>				Image-Directed pain management procedures using fluoroscopy, CT and/or ultrasound

<input type="checkbox"/>	<input type="checkbox"/>				Discography
<input type="checkbox"/>	<input type="checkbox"/>				Image-directed spinal drain placement
<input type="checkbox"/>	<input type="checkbox"/>				Epidural patch (For example: blood, fibrin glue)
<input type="checkbox"/>	<input type="checkbox"/>				Epidural injections of medication
<input type="checkbox"/>	<input type="checkbox"/>				Sialography
					Advanced Privileges - Neuroradiology
<input type="checkbox"/>	<input type="checkbox"/>				Angiography - Catheter-directed, diagnostic (spinal) [INITIAL APPOINTMENT: Letter from Program Director attesting to competency at least 5 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 cases performed in the last 12 months]. (Must perform 7 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>				Vascular Interventional Neuroradiology Procedures: Intracranial and spinal vascular angioplasty, atherectomy, stenting, thrombolysis/thrombectomy, directed chemotherapy and vessel infusion, venous sampling, foreign body retrieval, image-directed percutaneous therapy. [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 25 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 25 cases performed in the last 12 months]. (Must perform 15 every 3 Years)
<input type="checkbox"/>	<input type="checkbox"/>				Percutaneous vertebral augmentation (vertebroplasty, kyphoplasty, sacroplasty, laminoplasty) [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 5 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 cases performed in the last 12 months].
<input type="checkbox"/>	<input type="checkbox"/>				Image-guided tumor ablation procedures - all modes [INITIAL APPOINTMENT: Letter from Program Director attesting to competency and at least 5 cases performed (if training was completed in the last 12 months), OR letter from Department Chair or designee attesting to competency and at least 5 cases performed in the last 12 months].

Thoracic Imaging

Description:

Qualifications

Education/Training Fulfillment of education/training and certification requirements for "Core Privileges".
AND Completion of an institutional GME-approved Thoracic Imaging Fellowship or equivalent experience.

Request				
OSHS	The James	ASCNA	ASCDUB	ASCP
<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges				

<input type="checkbox"/>	<input type="checkbox"/>				CT and CT Angiography (chest)
<input type="checkbox"/>	<input type="checkbox"/>				MRI and MR Angiography (chest)

Moderate and/or Deep (procedural) Sedation

Qualifications

Initial Appointment requirements	<p>Completion of on-line competency course and exam (1 hour course on the OSU CME website) AND Current ACLS certification approved by the American Heart Association or ATLS certification. AND Current DEA certificate</p>
Reappointment requirements	<p>Documentation of satisfactory performance of at least fifteen (15) moderate and/or deep sedation cases in the previous 3 years. AND Current ACLS certification approved by the American Heart Association or ATLS certification. AND Current DEA certificate</p>

Request					
OSUHS	The James	ASCNA	ASCDUB	ASCP	
					<input type="checkbox"/> - Newly Requested privileges <input type="checkbox"/> - Currently Granted privileges
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		MODERATE Sedation - This level of sedation produces a drug-induced decrease of consciousness during which patients respond purposefully to verbal commands, with or without tactile stimulation. A patent airway and spontaneous ventilation are adequate without intervention. Cardiovascular status is usually maintained.
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		DEEP sedation (requires approval from Anesthesiology Department Chair) - This level of sedation produces a drug-induced decrease of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be impaired or inadequate.

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 Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA, ASCDUB, ASCP

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Robotic Assisted Surgery

Delineation of Privileges

Applicant's Name: Test, Provider

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Core/Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities

OSUHS

The James

ASCNA

Required Qualifications

Robotic Assisted Surgery

Description: Robotic-assisted surgery consists of utilizing advanced technology that couples high resolution imaging to remotely controlled surgical arms. Surgical intervention is accomplished by manipulation of the device under three-dimensional video imaging, which reproduces motions that affect patient tissue.

Qualifications

Education/Training	Completion of an ACGME or AOA accredited residency or fellowship training program in a surgical specialty or obstetrics/gynecology .
Certification	Current certification in the applicable ABMS or AOA board or its equivalent or completion of training within the past five years unless the physician has been granted a waiver of the board certification requirement.
Clinical Experience (Initial)	<p>FORMAL TRAINING: Didactic and hands-on experience in a course during accredited residency or fellowship program that incorporates robotic-assisted surgery into the program. Required documentation includes a letter from the training director attesting to experience and a log of ten cases performed as the primary operator.</p> <p>OR CLINICAL EXPERIENCE: A letter from department chair attesting that surgeon had privileges and was deemed competent (as a result of quality monitoring) and a log of ten cases performed as the primary operator.</p> <p>OR PROCTORING EXPERIENCE: The completion of a course* in robotic-assisted surgery comprised of didactic education, training and practice experience with large animal robotic-assisted surgery and/or surgery on cadavers, and/or surgery techniques or experimental models under the supervision of an expert preceptor. For multi-port system, a minimum of at least five procedures under the supervision of an expert preceptor; for endoluminal bronchoscopy system, a minimum of at least two procedures under the supervision of an expert preceptor; for single port system (for physicians currently privileged for multi-port system) a minimum of at least two procedures under the supervision of an expert preceptor. New surgeons without multi-port privileges must obtain a minimum of five procedures with a preceptor on the single-port system.</p> <p>*The course must meet the standards adopted by the Credentials Committee of The Ohio State University Health System A preceptor is defined as a physician who has full and unrestricted privileges for the conduct of robotic-assisted surgery.</p>
Clinical Experience (Reappointment)	Applicant must provide documentation of performance of at least five cases for each type of surgery (single port, multi-port, or endoluminal bronchoscopy system) each year (15 cases every 3 years) with a satisfactory outcome, meeting or exceeding the quality standards established by the clinical department at the time of reappointment.
Additional Qualifications	Candidate requesting privileges in robotic-assisted surgery must have full and unrestricted privileges in performing the specific privileges (procedures) either by open approach or endoscopic approach. INITIAL FPPE: Five cases must be reviewed for evidence of competency after initial granting of privileges for each type of robotic surgery (single port, multi-port, endoluminal bronchoscopy system)

Request

OSUHS	The James	ASCNA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Newly Requested privileges - Currently Granted privileges

Multi-port System (Adding Robotics to New Albany ASC)

<input type="checkbox"/>	<input type="checkbox"/>	Single port system (Otolaryngology, Urology, Thoracic Surgery only)
<input type="checkbox"/>	<input type="checkbox"/>	Endoluminal bronchoscopy system

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 Ohio State University hospitals, ASC's and Clinics.

I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature

OSUHS, The James, ASCNA

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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Sports Medicine
Delineation of Privileges

Applicant's Name: ,

Instructions:

1. Click the **Request** checkbox to request a group of privileges such as *Primary Privileges* or a Privilege Cluster.
2. Uncheck any privileges you do not want to request in that group.

Facilities	
<input checked="" type="checkbox"/>	OSUHS

Required Qualifications

Education/Training Successful completion of a post-graduate residency program in Family Medicine, Internal Medicine, Emergency Medicine, Physical Medicine and Rehabilitation or Pediatrics approved by the ACGME or AOA, followed by successful completion of a minimum of one year in a sports medicine fellowship program associated with an ACGME accredited residency in Family Medicine, Emergency Medicine, Internal Medicine, Physical Medicine and Rehabilitation, or Pediatrics or an AOA-accredited sports medicine fellowship program in the same specialties.

Board Certification Applicants not in Internal Medicine must be board certified by the American Board of Family Medicine, the American Osteopathic Board of Family Medicine, the American Board of Emergency Medicine, The American Board of Physical Medicine and Rehabilitation, or the American Board of Pediatrics with Certificate of Added Qualifications (CAQ) in Sports Medicine. Internal medicine applicants must maintain their Certificate of Added Qualifications (CAQ) in Sports Medicine. NOTE: Those applicants who attained a CAQ in Sports Medicine via grandfathering by the American Board of Family Medicine are not required to have completed a fellowship. (Grandfathering by ABFP: Required 20% of practice devoted to sports medicine; required to pass exam; only from 1993-1999; must take recertifying exam every 10 years)

Core Privileges in Sports Medicine

Description:

Qualifications

Initial Credentialing: Successful completion of the OSUWMC POCUS Policies and Procedures CBL course

Request	<input type="checkbox"/> - Currently Granted privileges
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<input type="checkbox"/>	Evaluation and management of medical and orthopedic conditions in athletes of all ages, skill levels, and levels of participation including pre-participation evaluation and conditioning, musculoskeletal rehabilitation, non-operative orthopedics, performance enhancement training, exercise physiology, and sports psychology. The core privileges in this subspecialty include but are not limited to performance of history and physical exam, soft tissue injections, and sports ultrasound.
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Advanced Privileges in Sports Medicine	
Description:	
Qualifications	
Additional Requirements	Must be granted core privileges in Sports Medicine.
Request	<input type="checkbox"/> - Currently Granted privileges
Procedures	
<input type="checkbox"/>	Bone marrow aspiration (Initial privileges: documentation of training and 2 cases required, log or proctored) (Must perform 3 every 3 Years)
<input type="checkbox"/>	Ultrasound guided percutaneous tenotomy (Initial privileges: documentation of training in cadaveric skills lab, AND proctoring of two (2) cases). (Must perform 3 every 3 Years)
<input type="checkbox"/>	<u>Lipoaspirate Harvesting and Injection (Initial privileges: documentation of training (either with a formal course or a proctoring experience with a credentialed provider which includes both didactic learning and hands on experience) and 2 cases required. (Must perform 3 every 3 years).</u>

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 Ohio State University hospitals, ASC's and Clinics. I also acknowledge I have met all requirements including but not limited to the minimum number of cases and/or CMEs as identified by privileges. I understand that in exercising any clinical privileges granted, I am constrained by applicable hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Practitioner's Signature _____ OSUHS

Final Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and my recommendation is based upon the review of supporting documentation and/or my personal knowledge regarding the applicant's performance of the privileges requested:

Privilege	Condition/Modification/Deletion/Explanation
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