Major Hospital	Requests for Additional Privileges
A Major Health Partner	MS-6
Does this policy meet a regulatory	Formulated by: Administration
requirement? _X_ YesNo	Approved by: Medical Staff, Board of Directors
	Effective Date: 06/29/2010

<u>PURPOSE:</u> To develop standards for processing a practitioner's request for additional privileges.

GUIDELINE STATEMENTS:

- 1. Practitioners with clinical privileges may request additional privileges at any time providing he/she meets the privileging qualifications. These requests are handled as follows:
 - 1.1. The practitioner must submit a written request to the Medical Staff Office for additional privileges along with the appropriate privileging form and supporting documentation as to his/her training and current competency to perform requested privileges.
 - 1.1.1.Documentation may include summary of qualifications including documentation of additional training, and/or
 - 1.1.2. Verification of procedures performed at other facilities.
 - 1.2. The request will be evaluated on the same criteria as requests for initial privileges and will be treated procedurally the same as initial requests for clinical privileges.
 - 1.3. The Service Chief/Director or Medical Executive Staff designee is notified of the request and after reviewing, forwards his/her recommendation along with the supporting documentation to the Medical Executive Staff Committee.
 - 1.4. If approved by the Medical Executive Committee, the request is forwarded to the Board of Directors for final approval.
 - 1.5. The President/CEO notifies the practitioner by letter of the Board's recommendation.
 - 1.6. All additional privileges are subject to a period of Focused Professional Practice Evaluation as more fully described in standard policy and procedure MS-19 Medical Staff Professional Practice Evaluations.
- 2. The appropriate hospital patient care areas / departments are notified of the practitioner's additional privileges and the practitioner's clinical privileges are updated in Symplr Cactus "iPrivileges".
- 3. Reviewing & Revising:

Reviewed	Revised
	05/23/11
	04/29/13
	02/23/15
	05/23/16
	11/22/19
	06/27/22

UPDATE WEBSITE WITH REVISIONS

4. Does this policy meet a regulatory requirement? _X_ Yes __No

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- 4.1 If Yes, state the name of the standard being met. This policy meets the following HFAP Standard 2021: 03.00.02: Periodic Appraisal of Members, 03.00.06 Recommendation for appointment to governing body
- 4.2 Medical Staff Bylaws Credentialing Manual Section 2.2.1 Requests for Clinical Privileges