

**Delineation Of Privileges**  
Palliative Medicine

Provider Name:

Privilege				
-----------	--	--	--	--

Applicant: Signature is on file with application.  
Service Chief: Please initial the privileges you are approving in the Approved column.

**CORE PRIVILEGES**

Provide palliative medicine care and consultative services to adult patients in the LHH ambulatory and inpatient settings.

\_\_\_\_ \_

*PREREQUISITES:* Currently Board Admissible, Certified, or Re-Certified by the American Board of Internal Medicine, or an Internal Medicine Subspecialty, Family Medicine, Physical Medicine and Rehabilitation, Psychiatry, Anesthesiology or Emergency Medicine AND Board Admissible, Certified, or Re-Certified in Hospice and Palliative Medicine.

*PROCTORING:* Review of 2 cases

*REAPPOINTMENT:* Review of 2 cases

**FOR DEPARTMENTAL USE**

\_\_\_\_ Proctors have been assigned for the newly granted privileges.  
\_\_\_\_ Proctoring requirements have been satisfied.

\_\_\_\_ Medications requiring DEA certification may be prescribed by this provider.  
\_\_\_\_ Medications requiring DEA certification will not be prescribed by this provider.

**APPROVED BY**

\_\_\_\_\_  
Ma. M. Sabai, M.D. Date  
Chief of Medicine

\_\_\_\_\_  
Emily Kinebuchi, M.D. Date  
Chief of Staff