Laguna Honda Hospital & Rehabilitation Center

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

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Emily Kinebuchi, M.D. Date
Chief of Staff