

# Privileging Request Form — Outline

*All Things Credentialing · Your one-stop shop for credentialing, privileging & enrollment*

A structural outline to help build a delineation-of-privileges (DOP) form. Criteria must come from your medical staff bylaws, rules and department input.

**GENERAL TEMPLATE — NOT LEGAL ADVICE.** This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

## Section A. Applicant information

|                                                          |  |
|----------------------------------------------------------|--|
| Name / degree                                            |  |
| Department / specialty                                   |  |
| Request type (initial / renewal / additional privileges) |  |
| Requested effective date                                 |  |

## Section B. Eligibility criteria (set by department)

- Required licensure: \_\_\_\_\_
- Education and training requirements: \_\_\_\_\_
- Board certification requirement and timeframe: \_\_\_\_\_
- Required current clinical activity (volume / recency): \_\_\_\_\_
- Other requirements (e.g., specific training, certifications): \_\_\_\_\_

## Section C. Core privileges

Describe the core privileges for the specialty in plain terms (scope, patient population, settings).

| Privilege | Requested (Y/N) | Department recommendation | Conditions / notes |
|-----------|-----------------|---------------------------|--------------------|
|           |                 |                           |                    |
|           |                 |                           |                    |
|           |                 |                           |                    |
|           |                 |                           |                    |

## Section D. Special (non-core) privileges

| Procedure / privilege | Additional criteria | Evidence of competence attached | Requested (Y/N) | Recommendation |
|-----------------------|---------------------|---------------------------------|-----------------|----------------|
|                       |                     |                                 |                 |                |

|  |  |  |  |  |
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### Section E. Focused evaluation / proctoring

- Is focused evaluation (e.g., FPPE) or proctoring required? Y / N: \_\_\_\_\_
- Method (chart review, direct observation, etc.): \_\_\_\_\_
- Number of cases / duration: \_\_\_\_\_
- Proctor / evaluator: \_\_\_\_\_

### Section F. Applicant acknowledgment

I request only the privileges I am qualified to perform based on my education, training, current competence and health status, and I understand I must follow the medical staff bylaws, rules and policies. Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

### Review & sign-off

| Role                        | Name / signature | Date |
|-----------------------------|------------------|------|
| Department chair            |                  |      |
| Credentials committee       |                  |      |
| Medical executive committee |                  |      |
| Governing body              |                  |      |