

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN FAMILY MEDICINE - LIMITED DUTY**

Name \_\_\_\_\_

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N PRIVILEGE SITES**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ExpressCare sites (all Network facilities with ExpressCare)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-Carbon  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-Hecktown Oaks   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-M (Lehigh Valley Hospital-Muhlenberg - includes the Behavioral Health Center and Cancer Center) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVHN Surgery Center-Tilghman  |

**R G C N POPULATION**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric: Birth - 25 Years ( LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adults: 13 - 65 Years  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics: Over 65 Years  |

**R G C N GENERAL PRIVILEGES**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admitting Privileges (includes inpatient, outpatient procedures and observation)(REQUIRED FOR ALL)(1,2,3,5,6,7,8,10,11,13,19,20) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultation Privileges (REQUIRED FOR ALL)(1,2,3,5,6,7,8,10,11,13,19,20)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | History and Physical (REQUIRED FOR ALL)(1,2,3,5,6,7,8,10,11,13,19,20)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescribing Privileges (REQUIRED FOR ALL)(1,2,3,5,6,7,8,10,11,13,19,20)  |

**R G C N GENERAL PROCEDURES**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Administration of blood products and its derivatives - transfusions (1,2,3,7,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arthrocentesis (1,2,3,7,8,10,11,13,18,19,20)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Corticosteroid Injections (1,2,3,5,6,7,8,10,13,18,19,20)                               |

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**R G C N GENERAL PROCEDURES**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dermatologic procedures (1,2,3,7,8,10,11,13,18,19,20)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis and treatment of medical or surgical conditions (1,2,3,7,8,10,11,13,18,19,20)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outpatient procedures (1,2,3,7,8,10,11,13,18,19,20)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | POCUS-Inpatient *for all licensed sites that accept inpatients (1,2,3,5,6,7,8,9,10,11,13,19,20)(*Must satisfy certain credentialing criteria to be approved) |

**R G C N OTHER**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Osteopathic manipulation (OMM) (1,2,3,5,6,7,8,10,11,13,19,20) (Allopathic certificate of training required) |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN FAMILY MEDICINE - LIMITED DUTY

Name \_\_\_\_\_

### Custom field 1 label

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 13 - LVH-Hecktown Oaks
- 14 - LVH-Coordinated Health - Allentown
- 15 - LVH-Coordinated Health - Bethlehem
- 17 - LVHN East Stroudsburg Ambulatory Surgery Center
- 18 - LVH-Pocono
- 19 - LVH-Carbon
- 20 - LVH-Dickson City

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL AREA FAMILY MEDICINE - LIMITED DUTY**

Name \_\_\_\_\_

**Acknowledgement of Practitioner**

I hereby request the privileges noted.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*Recommendations\*\*\***

I have reviewed the request for clinical privileges and supporting documentation and

**Recommend As Requested**       **Recommend with Exceptions**       **Do Not Recommend**  
the privileges requested above.

**EXCEPTIONS**

Exception to Privilege:	Conditions/Modifications

Explanation:

**SUPERVISING PHYSICIAN (AHPs ONLY)**

Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____