

**CAROLINAS MEDICAL CENTERS-CHARLOTTE  
 DELINEATION OF PRIVILEGES FORM  
 FOR ALLIED HEALTH PROFESSIONAL  
 INDEPENDENT PRACTITIONER  
 PODIATRY**

Please check the privileges you are requesting:

| CMC | MERCY | PINEVILLE | UNIVERSITY | CR |           |                                                                                                                                                                                                                                                                                                     |
|-----|-------|-----------|------------|----|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |       |           |            |    | AHP-POD-1 | Assessment of conditions and recommendations to the attending physician.                                                                                                                                                                                                                            |
|     |       |           |            |    | AHP-POD-2 | Procedures limited to removal of toenails either partial or complete, with or without excision of the nail matrix, trimming nails, calluses and corns. This shall exclude the administration of pharmaceuticals either by oral or parenteral routes. No operating room privileges will be provided. |

I understand that I may perform these services on patients admitted to the Hospital by physician members of the Medical Staff after I have requested to do so by admitting physician or the physician responsible for the patient's care. I further understand that I shall have no independent admitting privileges.

**Privileges requested by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

=====  
**Recommended by:**

\_\_\_\_\_  
Chief, Department of Orthopaedics  
Carolinas Medical Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Carolinas Medical Center-University

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director, Carolinas Rehabilitation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section Chief, Carolinas Medical Center-Mercy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section Chief, Carolinas Medical Center-Pineville

\_\_\_\_\_  
Date