

**Howard University Hospital
Department of Medicine
DELINEATION OF PRIVILEGES
FOR**

INTERNAL MEDICINE POSTGRADUATE PHYSICIANS

The undersigned applies for clinical privileges to practice in the Department of Medicine as indicated below.

| | With Supervision | Without Supervision |
|--|-------------------------|----------------------------|
| Abdominal Paracentesis | | |
| Arterial Puncture for Blood Gas Analysis | | |
| Arthrocentesis of the Knee Joint | | |
| Central Venous Line Placement | | |
| Breast Examination | | |
| Nasogastric Tube Intubations | | |
| Gram Stain of Sputum Interpretation | | |
| Electrocardiogram Interpretation | | |
| Pelvic Examination with Pap smear and wet mount | | |
| Rectal Examination | | |
| Lumbar Puncture | | |
| Thoracocentesis | | |
| Urinary Microscopy Interpretation | | |

Trainee Name (Print) _____

Trainee Signature _____ **Date** _____

Program Director _____ **Date** _____