

CONTRA COSTA REGIONAL MEDICAL CENTER

HOSPITAL MEDICINE (“HOSPITALIST”) CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: ____/____/____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the **“Requested”** box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

QUALIFICATIONS FOR HOSPITAL MEDICINE

Initial applicants: To be eligible to apply for privileges in Hospital Medicine, the applicant must

HOSPITAL MEDICINE CLINICAL PRIVILEGES

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meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine or Internal medicine

AND

2. Documentation of current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians

or

Documentation of current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Internal Medicine by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine.

AND

3. ***Required current experience:*** Provision of care, reflective of the scope of privileges requested, for at least 100 inpatients as the attending physician during the past 24 months, or successful completion of an ACGME– or AOA–accredited residency within the past 24 months. Please provide clinical activity/procedure log.

Renewal of privileges: To be eligible to renew privileges in Hospital Medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required.

AND

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2. Current documented competence and an adequate volume of experience (100 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Core privileges: Hospital medicine - Inpatient

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to adolescent (≥ 14 y/o) and adult patients with common and complex illnesses, diseases and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, alcohol or other substance use disorders, reproductive, and genitourinary systems. May provide care to patients in the intensive care setting. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Hospital Medicine - Inpatient

- Arthrocentesis and Joint injection

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

- Assistance at surgery
- Breast cyst aspiration
- Continuous renal replacement therapy
- Drawing of arterial blood
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Interpretation of EKGs at bedside
- Intraosseous line placement
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Monitoring of patient undergoing chemotherapy under the direction of oncology
- Paracentesis
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of simple skin biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Suprapubic bladder aspiration or catheter replacement
- Suturing of uncomplicated lacerations
- Wound care

Core privileges: Hospital medicine – Ambulatory

PLEASE NOTE: THIS APPLIES ONLY TO OUTPATIENT HOSPITAL FOLLOW-UP CLINICS AND SHORT NOTICE/URGENT CARE CLINICS FOR PATIENTS \geq 14 Y/O. IF YOU WISH TO REQUEST REGULAR PRIMARY CARE OUTPATIENT PRIVILEGES YOU MUST USE THE DFAM (DEPARTMENT OF FAMILY AND ADULT MEDICINE) FORM

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to adolescent (\geq 14 y/o) and adult patients, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, reproductive, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency

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and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Hospital Medicine – Ambulatory (ONLY HOSPITAL FOLLOW-UP AND SHORT NOTICE/URGENT CARE CLINCS, PATIENTS ≥ 14 Y/O)

- Arthrocentesis and Joint Injections
- Cryotherapy (removal of warts)
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Paracentesis
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of PAP Smear
- Performance of simple skin biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Subcutaneous, Intradermal and Intramuscular Injections
- Suturing of uncomplicated lacerations
- Toenail trephination and removal

Name: _____
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Special Non-Core Privileges (See Specific Criteria)
Non-core privileges are requested individually in addition to requesting the core. Everyone requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-core privilege: Lumbar Puncture

Requested

Criteria for Initial Request:

1. Successful completion of an accredited ACGME or AOA accredited postgraduate training program in Internal Medicine or Family Medicine which included training in lumbar puncture, or completion of a hands-on training in lumbar puncture under the supervision of a qualified physician preceptor.

AND

2. Demonstrated current competence and evidence of the performance of at least 5 lumbar punctures in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 5 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Thoracentesis

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in thoracentesis, or completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

AND

2. Demonstrated current competence and evidence of the performance of at least 5 thoracentesis procedures, or completion of training or department-approved in-service in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 5 thoracentesis procedures or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Insertion and Management of Central Venous Catheters, Arterial Lines and Placement of Temporary Hemodialysis Line

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in insertion and management of central venous catheters, arterial lines, and placement of temporary hemodialysis lines, or completion of a hands-on training in insertion and management of central venous catheters under the supervision of a qualified physician preceptor

AND

2. Documented current competence and evidence of the insertion and management of at least 5 central venous catheters, arterial lines, or temporary hemodialysis lines in the past 24 months, or completion of training or completion of training, or department-approved in-service in the past 24 months. Please provide clinical activity/procedure log.

Renewal of privileges:

1. Documented current competence and evidence of the insertion and management of at least 5 central venous catheters, arterial lines, or temporary hemodialysis lines or completion of training, or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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Non-core privileges: EKG Interpretation (official)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited postgraduate training program in Internal Medicine or Family Medicine, or documentation of EKG interpretation skills by successful completion of EKG exams, such as the American Board of Internal Medicine EKG exam or equivalent

AND

2. Documented current competence and evidence of accurate interpretation of at least 200 EKGs during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of accurate interpretation of at least 200 EKGs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Exercise Testing—Treadmill

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that included a minimum of four weeks, or the department-approved equivalent of training in the supervision and interpretation of exercise testing, and evidence that the training included participation in at least 50 exercise procedures

AND

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

2. Documented current competence and evidence of the performance of at least 25 exercise tests in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 25 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Ventilator Management, including Endotracheal Intubation and Tracheostomy Management

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for ventilator management

AND

2. Documented current competence and evidence of the management of at least 5 mechanical ventilator cases in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the management of at least 5 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Elective Cardioversion

Requested

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Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for elective cardioversion, or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 elective cardioversions in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

2. Documented current competence and evidence of the management of at least 5 elective cardioversions in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Thoracostomy and Thoracic Vent/ Chest Tube Placement

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for thoracostomy and thoracic vent/ chest tube placement, or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 cases of thoracostomy and thoracic vent/chest tube placement, in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Criteria for Renewal of Privileges:

3. Documented current competence and evidence of the management of at least 5 cases of thoracostomy and thoracic vent/chest tube placement, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Point of Care Ultrasound (POCUS)

Requested

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Initial Request for Point of Care Ultrasound (POCUS):

1. Documentation of successful completion of an ACGME– accredited postgraduate training program in Internal Medicine or Family Medicine that included formal hands on ultrasound instruction and experience

OR

Documentation demonstrating satisfactory completion of twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME)

AND

Cardiac: Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 24 months

AND/OR

Invasive Procedures: Provide documentation of having performed 5 cases of procedural/ invasive ultrasound (can be any combination of procedures) within the last 24 months.

AND/OR

Non-Invasive Procedures: Provide documentation of having performed 5 cases of each type of non-invasive ultrasound for which privileges are requested within the last 24 months.

Please provide clinical activity/procedure log. Any complications/ poor outcomes should be delineated and accompanied by an explanation.

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Practitioner agrees to limit the use of ultrasound to exams performed at the bedside for the purposes of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.

Renewal of Privileges: To be eligible to renew privileges in Point of Care Ultrasound, the applicant must meet the following criteria:

1. Cardiac: Perform 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the past 24 months and provide documentation upon request.

AND/OR
2. Invasive Procedures: Perform 10 cases total of procedural/ invasive ultrasound (can be any combination of procedures) within the past 24 months and provide documentation upon request.

AND/OR
3. Non-Invasive Procedures: Perform 20 cases total of non-invasive ultrasound within the past 24 months and provide documentation upon request.

Non-core privileges: LIMITED Bronchoscopy

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for bronchoscopy (limited), or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 cases of bronchoscopy (limited), in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

4. Documented current competence and evidence of the management of at least 5 cases of

Name: _____
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bronchoscopy (limited), in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: FNA/Core needle biopsy

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for FNA/Core needle biopsy or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 cases of FNA/Core needle biopsy in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

5. Documented current competence and evidence of the management of at least 5 cases of FNA/Core needle biopsy in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Insertion and Management of Pulmonary Artery Catheters (PAC)

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that included training in pulmonary artery catheter placement, or completion of a hands-on CME course

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

AND

2. Documented current competence and evidence of the performance (as the primary operator) of at least 5 PACs during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance (as the primary operator) of at least 5 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



Non-core privilege: Temporary pacemaker placement

Requested

Criteria for Initial Request:

1. Successful completion of an accredited ACGME or AOA accredited postgraduate training program in Internal Medicine or Family Medicine which included training in temporary pacemaker placement, or completion of a hands-on training in temporary pacemaker placement under the supervision of a qualified physician preceptor

AND

2. Demonstrated current competence and evidence of the performance of at least 5 temporary pacemaker placements in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

2. Demonstrated current competence and evidence of the performance of at least 5 temporary pacemaker placements in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



Non-core privileges: Pericardiocentesis

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in pericardiocentesis, or completion of a hands-on training in pericardiocentesis under the supervision of a qualified physician preceptor

AND

2. Demonstrated current competence and evidence of the performance of at least 3 pericardiocentesis procedures or department-approved in-service in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 3 pericardiocentesis procedures or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: HIV/AIDS care

Requested

Requirement: requirements of AB 2168 (see attached) must be met.

Non-Core Privilege: Insertion and Removal of IUD

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in IUD

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Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Insertion and Removal, or completion of a hands-on training under the supervision of a qualified physician preceptor.

AND

2. Evidence of the performance of at least 5 IUD Insertions or Removals in the past 24 months.

Criteria for Renewal of Privileges:

Evidence of the performance of at least 5 IUD Insertions or Removals in the past 24 months.

Non-Core Privilege: Implantable Contraception Insertion and Removal

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

Non-core privileges: Endometrial biopsy (EMB)

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in endometrial biopsy (EMB), or completion of a hands-on training in endometrial biopsy under the supervision of a qualified physician preceptor.

AND

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

2. Demonstrated current competence and evidence of the performance of at least 5 EMB procedures in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

Demonstrated current competence and evidence of the performance of at least 5 EMB procedures in the past 24 months

Non-core privileges: Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) in the past 24 months.

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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR INITIAL APPLICANTS

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested “non-core” privileges.
4. If the provider does in and outpatient work, he/she needs to be proctored in both.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

Name: _____
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ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ **Date** _____

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date: _____
Temporary Privileges	Date: _____
Medical Executive Committee Approval	Date: _____
Board of Supervisors Approval	Date: _____

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)