

**UPMC**  
**Delineation of Privileges Request**  
**Criteria Summary Sheet**

**Facility:**        **Monroeville Outpatient Center**

**Specialty:**     **ORTHOPAEDIC**

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	The successful completion of an approved (ACGME/AOA) post graduate residency program in Orthopedic Surgery
<b>CERTIFICATION</b>	Physicians requesting privileges in Orthopaedic Surgery should have completed sufficient training to be certified by the American Board of Orthopaedic Surgery, or equivalent with documented experience and competence in the areas listed below
<b>OTHER</b>	N/A