

Applicant Name: _____

Louisiana Medical Center and Heart Hospital
Surgery Department
Bariatric Surgery

Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

Place a check mark in the appropriate box for each privilege. All privileges will have a focused period of monitoring for a period of at least six months.

Requested - Practitioners applying for these privileges are qualified to perform procedures (including related admission, consultation, work-up, pre- and post-operative care, histories and physicals) to correct or treat various conditions, illnesses and injuries appropriate to the privileges.

All requests for the below privileges must provide number of each procedure performed within the last 12 months

Requested - LAPAROSCOPIC ADJUSTABLE GASTRIC BAND SURGERY

Requested – BARIATRIC SURGERY (STOMACH STAPLING) FOR MORBID OBESITY

***Requires:** Successful completion of an ACGME/AOA accredited training program in general surgery followed by completion of an approved fellowship training program in open and advanced laparoscopic bariatric surgery. If applicants do not have fellowship training in open and advanced laparoscopic bariatric surgery, they must demonstrate equivalent structured training or equivalent practice experience under the supervision of an experienced laparoscopic surgeon.*

***Required Previous Experience:** Demonstration of the performance of at least 15 of the requested procedures in the past 12 months. **Maintenance of Privilege:** Requires performance of at least 15 of the requested procedures annually over the reappointment cycle.*

If Moderate Sedation is requested, please indicate the number of times performed within last two years _____

Applicant Name: _____

I attest by signature that I have met the educational or training for the procedures requested above and I have performed the minimum criteria of procedures for the procedures requested above.





Applicant Signature Date

The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.

___ Yes ___ No _____
Department Chair Signature Date

Dear Physician:

Every physician seeking appointment/reappointment/advancement to Louisiana Heart Hospital & Medical Center is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement.

-  Initially licensed less than 1 year on the basis of examination;
-  Engaged in military service longer than one year's duration outside of Louisiana;
-  Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
-  Currently in a residency training or fellowship.

Please submit copies of your CMEs that you have completed for the past two years.

Thank you,

Medical Staff Coordinator,
Louisiana Medical Center and Heart Hospital