Applicant Name: _____

Louisiana Medical Center and Heart Hospital
Medicine Department
Emergency Medicine

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 set of privileges. Cross out any procedures not currently performed in your clinical practice.

Privilege	Procedures	Requested	Not Requested
CORE I PRIVILEGES			
	-Cardiac Pacing-Transvenous -Cricothyroidotomy -Central line/Emergency Swan Ganz Catheter Placement -Emergent Rapid Sequence Intubation -I&D of Abscess: skin, felon, paronychia, perianal, Bartholin cyst -Joint Aspiration -Laryngoscopy: fiberoptic -Lumbar Puncture -Ocular Tonometry, slit lamp eval -Oral and Nasal Endotracheal -Oxygen Therapy, initial ventilation settings -Peritoneal Lavage -Thoracentesis -Tracheostomy Tube Change -Transabdominal Bladder Aspiration -Thrombosed Hemorrhoid Evacuation -Anesthesia: Local, Digital, and Dental -Anoscopy -Arterial Blood Gas, draw and interpretation -Burn: debridement, repair, dressing (1, 2, and 3 degree) -Cannulation of Peripheral & Central Veins -Cardiac Defib & Cardioversion -Cardiac Pacing - External -Change Cystostomy Tube -Change Gastrostomy Tube -Closed Heart Massage -Emergency Delivery of the Newborn -Emergent Fracture/Dislocation Reduction and Immobilization		

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Privilege	Procedures	Requested	Not Requested
	-Emergent Tube Thoracostomy -Excision of Sebaceous Cyst -Foreign Body Removal: skin, cornea, conjunctiva, ear-canal, nose, rectum, vagina, pharynx, hypopharynx -Gastric Lavage -Intraosseous Needle Placement -Laceration: debridement, repair, dressing -Laryngoscopy: direct, indirect -Nail Trephination: removal, repair -Nasal Epistaxis: cautery, anterior/ posterior packing -Oral & Nasal Endotracheal Intubation -Spinal Immobilization -Transurethral Bladder Catheterization -Venous Cut Down		
MODERATE SEDATION (*contact Medical Staff Office)*			

I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.

_____ _____

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