

Applicant Name: _____

Medicine Department
Endocrinology

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			
	Include admission, work up, diagnosis and provision of non-surgical care including consultation to patients of all ages presenting with illnesses, injuries and disorders of the endocrine or metabolic systems		
NON-CORE PRIVILEGES (<i>Request each separately</i>)			
	Fine Needle Aspiration of the Thyroid		

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