

Applicant Name: _____

Louisiana Medical Center and Heart Hospital
 Medicine Department
Gastroenterology and Gastrointestinal Endoscopy

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. Please cross out any procedures that you will not be performing at this facility. All privileges will have a focused period of monitoring and if any privileges requested are not performed in this facility within the first 12 months, those privileges will not be renewed.

If you perform privileges which are not listed, please write them in, send in documentation that you have been trained on the procedure as well as how many you of the procedures have been done and where they were performed at.

Privilege	Procedures	Requested	Not Requested
	<i>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.</i>		
	<u>CORE PRIVILEGES- All requests for the below privileges must provide number of each procedure performed within the last 6 months</u>		
	-Diagnostic EGD -Total Colonoscopy -Snare Polypectomy -Non-Variceal Hemostasis (upper and lower) -Variceal Hemostatis -Esophageal Dilation (all methods) -Flexible Sigmoidoscopy -Percutaneous Liver Biopsy -Peroral Small Bowel Biopsy -Abdominal Paracentesis		
NON-CORE PRIVILEGES <i>(Request each separately)</i>			
	-ERCP (Diagnostic)		
	-ERCP (Therapeutic)		
	-PEG/PEJ		

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-Esophageal stent		
MODERATE SEDATION <i>ACLS required</i> - If Moderate Sedation is requested, please indicate the number of times performed within the last two years _____		

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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