

Louisiana Medical Center and Heart Hospital
 Medicine Department
Infectious Disease

Delineation of Core Privileges

In order to be eligible to request clinical privilege in Infectious Disease, a practitioner must meet the following minimum threshold criteria:

1. **Education:** M.D. or D.O.
2. **Minimum formal training:** Must demonstrate successful completion of an ACGME approved or residency training program in Internal Medicine or Residency/Fellowship in Infectious Disease.
3. **Required previous experience:** Must be able to demonstrate that he/she has provided inpatient or consultative services for at least 25 patients during the past 12 months. Recent completion of residency training fulfills this requirement.
4. **Reappointment:** Must be able to demonstrate proficiency during the past 24 months.

If you meet the above criteria, you may request privileges as specified below.

All requests for the below privileges must provide number of each procedure performed within the last 6 months

Privilege	Procedures	Requested	Not Requested
<p>CORE I PRIVILEGES</p> <p>I hereby request Infectious Disease core privileges to include: being able to admit, work up, diagnose, perform history and physical examinations and provide treatment or consultative services to patients presenting with infectious or immunologic diseases. Privileges include:</p> <ul style="list-style-type: none"> • Evaluation of fever of unknown origin • Management of an unusually severe infection such as Tuberculosis meningitis, Disseminated tuberculosis, System mycosis, Unusual infections in the immune-compromised host • Treatment and management of HIV/AIDS • Recognition and management of multiple drug-resistant infections • Management of nosocomial infections including an understanding of hospital epidemiology • Lumbar puncture • Aspiration or I&D of superficial abscess • Arthrocentesis • Interpretation of gram stain 			

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