

Applicant Name: _____

Louisiana Medical Center and Heart Hospital
 Medicine Department
Nephrology/Renal

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
	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.		
CORE I PRIVILEGES			
	Differential Diagnosis and Treatment -Nephritis Glomerulonephritis -Pyelonephritis -Nephrosis -Acute Renal Failure -Acid/Base Disturbance -Electrolyte Abnormalities -Chronic Azotemia -Renal Biopsy with Flouroscopy and/or ultrasound Extracorporeal Therapies -Hemodialysis -Peritoneal Dialysis -Continuous Veno-Venous hemo diafiltration -Hemofiltration -Hemoperfusion of poisons -Hemodialysis catheter placement		
NON-CORE PRIVILEGES (<i>Request each separately</i>)			
	I. Dialysis Graft Declotting & PTCA		

	<p>II. Critical Care Procedures</p> <ul style="list-style-type: none"> a. Insertion of Chest Tube b. Thoracentesis c. Emergency Intubation d. Bronchoscopy w/ Transbronchial lung biopsies e. Laryngoscopy f. Percutaneous Pleural Biopsies g. Volume Respirator h. Endotracheal Intubation i. Insertion of Arterial Lines and Central Venous Catheters j. Insertion of Swan Ganz Catheters k. Pressure Limited and Jet Ventilation (Mgmt) 		
	<p>III. Apheresis – Cytopheresis</p>		
	<p>IV. Apheresis – Plasmapheresis</p>		
	<p><i>The type(s) of instrumentation which the applicant intends to utilize should be specified (i.e., filtration techniques as a dialysis machine or centrifugation machine as with Cobe Spectra, Fenwal CS 3000 or Hemonetics, etc).</i></p> <p><i>Type of instrumentation:</i></p>		
<p>MODERATE SEDATION (Contact med staff office)</p>			

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.

_____ Date

Applicant Signature





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

___ Yes ___ No _____ Date

Department Chair Signature

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