

Louisiana Medical Center and Heart Hospital
Surgery Department
Orthopedic

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			
	Non-Invasive procedures, medical management and/or consultation privileges to correct or treat various medical conditions, illnesses and injuries for ER and inpatients		
CORE II PRIVILEGES			
	<ul style="list-style-type: none"> -Fracture closed-reduction with Fixation -Fracture open-reduction with Fixation -Infection -Intra articular fracture-closed Reduction with fixation -Intra articular fracture-opened Reduction with fixation -Clean (debridement) -Suture lacerations -Repair bones-acute -Stabilize/Loosen joints -Removal of foreign body-device <ul style="list-style-type: none"> -Spontaneously required -Surgically acquired -Removal of part <ul style="list-style-type: none"> -Specific tissue -Mixed tissue -Amputation- various level -Nerve Decompression-peripheral -Arthroplasty Surgery, including total hip, unicondylar, knee, shoulder (hemi/total), and ankle 		
CORE III PRIVILEGES			
	Spine - Cervical, Dorsal, Lumbosacral - Bone: -Fracture - reduction with fixation -Spine Infection		
MODERATE SEDATION (<i>Contact Medical Staff Off</i>)			

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

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