

Louisiana Medical Center and Heart Hospital  
Surgery Department  
**PODIATRY**

Core Privilege Request Form

Having reviewed the requirements for each set of privileges, I would request the following privileges:

*Place a check mark in the appropriate box for each set of privileges.*

<b>LEVEL</b>	<b>Procedures</b>	<b>Requested</b>	<b>Not Requested</b>
<b>Level I</b>			
	Medical Management and Debridement of Diabetic Ulcer Curretage,excision, or fulguration of warts Total contact casting Simple nail removal		
<b>Level II</b>		<b>Requested</b>	<b>Not Requested</b>
	<i>Requires prior performance of procedures requested. A case review may be requested:</i> Removal of foreign bodies of the forefoot Management of simple metatarsal and toe fractures Mallet and Hammertoe correction Excision of accessory ossicles Radical Nail removal Tenotomy		
<b>Level III</b>		<b>Requested</b>	<b>Not Requested</b>
	<i>Prior performance of procedures requested. A case review may be requested.</i> Bunion Surgery Tendon Transfer procedures Plantar Fasciotomy and heel spurs Ray amputations Excisions and osteotomies limited to the forefoot		
<b>Level IV – Complex Podiatric Privileges</b>		<b>Requested</b>	<b>Not Requested</b>
	<i>Completion of three years of Podiatric Residency. Prior performance of procedures requested. A case review may be requested.</i> Transmetatarsal Amputation of the Forefoot Syme Amputation Triple Arthrodesis Achilles Tendon Lengthening Hind foot arthrodesis of Fusion IV Conscious Sedation (Requires ACLS Certification)		

**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/when 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