

Applicant Name: _____

Louisiana Medical Center and Heart Hospital
 Medicine Department
Pulmonary Medicine

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
CORE I PRIVILEGES			
	Privileges include admission, evaluation, diagnosis and treatment, history & physical examinations including consultation of patients presenting with medical problems. Privileges also include, but are not limited to: -EKG interpretation -Pulmonary Function Test Interpretation -Bronchoscopy (Diagnostic and Therapeutic) -Bronchoscopy with Transbronchial lung biopsies -Laryngoscopy -Percutaneous Pleural Biopsies -Volume Respirator -Endotracheal Intubation		
CORE II PRIVILEGES			
	-Insertion of Arterial Lines and Central Venous Catheters -Insertion of Swan Ganz Catheters -Percutaneous Lung Biopsy with Aspiration -Pressure Limited and High Frequency Ventilation (Management) -Insertion of Chest Tube -Insertion of Transtracheal Oxygen Catheters		
MODERATE SEDATION (<i>contact medical staff office</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