

Applicant Name: _____

Louisiana Heart Hospital
Surgery Department
Radiation Oncology

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			
	Simulation -X-ray -Fluoroscopy with IV Contrast -Fluoroscopy without IV Contrast Computerized Dosimetry External Beam -Superficial -Linear Accelerator (photons) -Linear Accelerator (electrons) -Cobalt 60 Intracavitary -Cesium 137 -Iridium 192 -Iodine 125 Strontium 90 Radiosurgery Interstitial -Iridium 192 -Palladium		

I attest by signature that I have met the eligibility requirements within my clinical practice for the procedures requested above, and I agree to provide documentation 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