REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION

CARDIOLOGY

APPLICANT NAME: ____________

CARDIOLOGY CORE PRIVILEGES:

Cardiology core privileges include admission, evaluation, diagnosis, and provision of nonsurgical treatment or consultative services to patients of all ages presenting with diseases of the heart, lungs, and blood vessels. Privileges include ACLS; electrical cardioversion; insertion and management of central venous and pulmonary artery catheters; use of thrombolytic agents; pericardiocentesis; echocardiography interpretation, including stress echocardiography and transesophageal cardiography; Holter scanning; treadmill testing including radionuclide studies; temporary transvenous pacemaker placement; intraaortic balloon pump placement; and electrocardiography (ECG) interpretation for all patients. **These privileges do not include any of the privileges listed under Special Privileges.**

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CARDIOLOGY CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

___ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in Cardiology.**

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

Other training, please explain: ________________________________

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SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES REQUESTED YES	PRIVILEGES REQUESTED NO		PRIVILEGES RECOMMENDED YES	PRIVILEGES RECOMMENDED NO
___	___	Angiography	___	___
		Training/Experience: ________________________________		
___	___	Permanent pacemaker insertion.	___	___
		Training/Experience: ________________________________		

___ ___ Nuclear cardiology. ___ ___

Training/Experience: ____

CARDIOLOGY PRIVILEGES APPLICATION

NAME: ______________________________

PRIVILEGES
PRIVILEGES
REQUESTED
RECOMMENDED
YES NO YES NO

___ ___ Intravenous conscious sedation. ___ ___

Training/Experience: ____

NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 14.63.

ADDITIONAL CARDIOLOGY PRIVILEGES (Specify, stated with training/experience):

____________________________________ ___ ___

____________________________________ ___ ___

____________________________________ ___ ___

INTERNAL MEDICINE PRIVILEGES:
An applicant applying for cardiology privileges will be required to apply for Internal Medicine privileges if an applicant's practice will include both cardiology and general internal medicine.

INTERNAL MEDICINE CORE PRIVILEGES:
Internal medicine privileges include admission, work up, diagnosis, and provision of nonsurgical treatment for adolescent, adult, and elderly patients with common and complex medical problems including consultation for life-threatening conditions or complications. The following procedures/privileges are considered within the scope of Internal Medicine core privileging: Lumbar puncture; Thoracentesis; Paracentesis; Flexible and rigid sigmoidoscopy; Treadmill testing; Diagnostic and therapeutic arthrocentesis of knee and shoulder; Emergent cardioversion; and Final EKG interpretation for all patients. **These privileges do not include any of the privileges listed under Special Privileges.**

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

PRIVILEGES
PRIVILEGES
REQUESTED
RECOMMENDED
YES NO YES NO

___ ___ Core internal medicine privileges ___ ___

SPECIAL INTERNAL MEDICINE PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
PRIVILEGES
REQUESTED
RECOMMENDED
YES NO YES NO
___ ___ Management of mechanical ventilator. ___ ___

Training/Experience: ____

CARDIOLOGY PRIVILEGES APPLICATION

NAME: ____________________________

ADDITIONAL INTERNAL MEDICINE PRIVILEGES (Specify, stated with training/experience):

____ ___ ___

____ ___ ___

____ ___ ___

APPLICANT SIGNATURE: ____

DATE: ______________________________

DEPARTMENT REVIEW:
Comments/Recommendations/Suggestions:

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Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

____

Signed: ______________________________________
Department Chairperson

____
Date of Review

INTERNAL MEDICINE DEPARTMENT.
Medical Staff Department

MSS: 03/01.