

**Internal Medicine**

**Basic Education:** M.D. or D.O.

**Minimal Formal Training:** Successful completion of an ACGME or AOA-approved residency program in internal medicine. Must be Board Eligible or Board Certified.

**Required Experience:** Demonstration of provision of inpatient services to at least 30 patients in the last 12 months.

**Core Privileges:** Ability to admit, work up, diagnose, and provide non-surgical treatment including consultation for patients over the age of 18. Care of patients with life-threatening illnesses including ICU privileges.

Other privileges requested for which you have current clinical competency may be listed below. Documentation of training and/or experience must be provided for any special privileges requested. I understand that by making this request, I am bound by the applicable laws and policies of the Medical Center and hereby stipulate that I meet the minimum threshold criteria for this request.

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I understand that it is my obligation to notify the President of the Medical Staff of any procedure or mode of medical care in which I might engage that is not listed. I certify to the best of my knowledge, I am qualified and have professional liability insurance coverage for practice within the scope of privileges requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INTERNAL MEDICINE PROCEDURES  
CHECK PROCEDURES REQUESTED**

<b>Privileges requested</b>	<b>Minimum formal training</b>	<b>Required previous experience</b>	<b>Reappointment criteria</b>
Adult echocardiography <input type="checkbox"/>	Successful completion of an accredited residency in internal medicine, followed by an accredited residency or fellowship in cardiology. <b>Or</b> Successful completion of an accredited residency in internal medicine that included training in echocardiography.	Performance of at least 100 echocardiograms during the last 12 months.	
Ambulatory electrocardiography (ECG) monitoring <input type="checkbox"/>	Successful completion of an accredited residency in cardiology. <b>Or</b> Successful completion of an accredited residency in internal medicine that included training in ECG monitoring.	Performance of at least 75 supervised interpretations of ambulatory ECGs.	
Electrocardiography <input type="checkbox"/>	Successful completion of an approved training program in either of the following: internal medicine or cardiology; and successful completion of the following: Performance of at least 200 ECG interpretations; or demonstration of ECG interpretation skills by successful completion of ECG testing.	Accurate interpretation of at least 500 ECGs during the past 36 months.	Successful completion of the BCIA's continuing formal education requirements <b>Or</b> Successful completion of the BCIA's written examination. <i>Note: BCIA recertification is required every four years.</i>
<b>Privileges requested</b>	<b>Minimum formal training</b>	<b>Required previous experience</b>	<b>Reappointment criteria</b>

<p>Exercise testing</p> <input data-bbox="261 226 343 275" type="checkbox"/>	<p>Successful completion of either of the following: An accredited residency in cardiology or an accredited residency in internal medicine with training in exercise. <b>And</b> Evidence that the training included participation in at least 50 exercise procedures.</p>	<p>Performance of at least 25 exercise tests per year for at least the past three years.</p>	
<p>Thrombolytic therapy for acute myocardial infarction</p> <input data-bbox="282 825 343 888" type="checkbox"/>	<p>Successful completion of an accredited residency in internal medicine.</p>	<p>Thrombolytic therapy may be administered only per physician order. Physicians ordering thrombolytic therapy must demonstrate: Participation in a residency or institution-specific continuing education program that specifically addressed the indication, contraindications, complications, and procedures for administering thrombolytic therapy <b>Or</b> Evidence of administration or ordering the administration of thrombolytic therapy at least 10 times during the past six months.</p>	

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Signature

\_\_\_\_\_  
Date