

Pulmonary Disease

Basic Education: MD or DO

Minimal formal training: Successful completion of any ACGME or AOA-approved residency training program in internal medicine and completed fellowship in pulmonology. Must be Board Eligible or Board Certified in both Internal Medicine and Pulmonary Disease.

Required previous Experience: The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 50 patients during the past 12 months.

Core Privileges Ability to admit, work up, diagnose, and provide treatment or consultative services to patients of all ages presenting with conditions, injuries, and diseases of the organs of the thorax or chest: the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system.

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.

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

**PULMONARY MEDICINE PROCEDURES
CHECK THE PROCEDURES REQUESTED
FOR REAPPOINTMENT**

Privileges requested	Minimum formal training	Reappointment criteria
Conscious Sedation <input type="checkbox"/>	Successful completion of an accredited residency of at least three year's duration. <i>Note: If the applicant's training did not include at least four weeks of anesthesia training (including IV sedation, indications, contraindications, pre-anesthesia assessment, intra-operative care, procedure monitoring, and post-anesthesia care), the applicant must demonstrate successful completion of an accredited training sequence involving both didactic and practical components.</i>	Demonstrates clinical competency through Performance Improvement/ Clinical Outcome activities.
Pulmonary artery catheterization <input type="checkbox"/>	Successful completion of an accredited residency or fellowship in cardiology, pulmonary medicine, or critical care. Performance of at least 50 PACs during this formal training, as the primary operator. Or Successful completion of an accredited residency in another field; Participation in a significant Category I accredited continuing medical education	Performance of at least 15 PACs per year, as the primary operator.

	<p>training program in pulmonary artery catheter insertion and management; and Successful insertion and subsequent management of pulmonary artery catheters in at least 100 patients during the past 36 months.</p>	
<p>Flexible fiber optic bronchoscopy</p> <p><input type="checkbox"/></p>	<p>Successful completion of an accredited residency in a general subspecialty program, such as pulmonary medicine.</p>	<p>Demonstrates clinical competency through Performance Improvement/ Clinical Outcome activities.</p>

Signature

Date