

Thoracic Surgery

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

Minimal Formal Training: Successful completion of an approved residency training program in general surgery followed by an ACGME or AOA-approved residency/fellowship training program in thoracic surgery. Must be Board Eligible or Board Certified.

Required Previous Experience: Demonstration that the applicant has performed at least 50 surgical procedures in the past 12 months.

Core Privileges: Ability to admit, work up and diagnose patients above the age of one year presenting with illnesses, injuries, and disorders of the thoracic cavity and related structure including the chest wall. Privileges include the provision of consultation as well as ordering of diagnostic studies and procedures related to thoracic problems. Core privileges do not include use of the laser, thoracoscopy, transplantation of heart, lung, double lung and heart/lung, surgical procedures for infants, cardiovascular surgery.

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

Minimally Invasive Direct Coronary Artery Bypass

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

Minimal formal training: The applicant must be able to demonstrate successful completion of an Accreditation Council for Graduate Medical Education (ACGME) - approved residency program in general surgery followed by an ACGME-approved residency or fellowship in thoracic surgery. Must be Board Eligible or Board Certified.

Required previous Experience: The successful applicant must be able to demonstrate that he or she has completed an approved training program in MIDCAB and has been supervised in at least five cases by a proctor who is experienced in the appropriate MIDCAB techniques which may be performed at this facility during the proctor period.

References: A letter that evaluates competency must come from the proctor of the applicant's initial MIDCAB.

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