

Heart Hospital of New Mexico  
 Surgery Department  
**Cardiovascular Perfusionist**  
 Allied Health Professional  
 Category I  
 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
<b>CORE I PRIVILEGES</b>			
	<ul style="list-style-type: none"> <li>-Extracorporeal circulation/cardiopulmonary support</li> <li>-Counterpulsation</li> <li>-Circulatory support/ventricular assistance</li> <li>-ECMO</li> <li>-Blood conservation techniques/auto-transfusion</li> <li>-Myocardial preservation</li> <li>-Anticoagulation and hematologic monitoring/analysis</li> <li>-Physiological monitoring/analysis</li> <li>-Blood gas and blood chemistry monitoring/analysis</li> <li>-Induction of hypothermia/hyperthermia with reversal</li> <li>-Hemofiltration</li> <li>- Administration of medications, blood components, and anesthetic agents via the extracorporeal circuit under the direction and supervision of a physician</li> <li>-Documentation associated with described duties</li> </ul>		

**I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.**

\_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
 Print Name

**The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.**

\_\_\_ Yes \_\_\_ No \_\_\_  
 \_\_\_\_\_  
Department Chair Signature Date

Heart Hospital of New Mexico  
Surgery Department  
**Cardiovascular Perfusionist**  
Allied Health Professional  
Category I  
Delineation of Core Privileges

**A) ELIGIBILITY CRITERIA:**

Minimum Formal Training: Successful completion of a cardiovascular perfusion training program accredited by the American Board of Cardiovascular Perfusion.

**OR**

Experience: Applicants must be able to demonstrate successful performance of 40 independent clinical perfusions in the past 12 months.

**AND**

Board Certification:

- Certified by the American Board of Cardiovascular Perfusionist
- New applicants must be Board eligible and complete Board Certification within five (5) years of initial appointment.

Clinical References:

- As outlined in the Procedure for Appointment, Reappointment and Clinical Privileges of Allied Health Professionals of the Heart Hospital of New Mexico.

**B) RECREDENTIALING CRITERIA:** Applicants must demonstrate their maintained competence with evidence that they performed at least 80 independent clinical perfusions in the previous two (2) years. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

**C) PRIVILEGES:** Privileges in cardiovascular perfusion include those functions necessary for the support, treatment, measurement or supplementation of the cardiopulmonary and circulatory system of a patient. Privileges also include the safe performance/management of the following:

- Extracorporeal circulation/cardiopulmonary support
- Counterpulsation
- Circulatory support/ventricular assistance
- ECMO
- Blood conservation techniques/auto-transfusion
- Myocardial preservation
- Anticoagulation and hematologic monitoring/analysis
- Physiological monitoring/analysis
- Blood gas and blood chemistry monitoring/analysis
- Induction of hypothermia/hyperthermia with reversal
- Hemofiltration
- Administration of medications, blood components, and anesthetic agents via the extracorporeal circuit under the direction and supervision of a physician
- Documentation associated with described duties