

Heart Hospital of New Mexico  
Surgery Department  
General Surgery

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>			
	This includes performance of, or surgical assisting at any surgical procedure below: <b>SKIN/SOFT TISSUE</b> -Incisions and drainages -Excisions and debridements -Biopsies and excisions -Repairs -Adjacent tissue transfers -Rearrangments and grafts -Decubitus ulcers -Straightforward burns <b>MUSCULOSKELTAL</b> -Amputations <b>RESPIRATORY</b> -Respiratory tract endoscopy -Noncardiac thoracic surgery -Lung biopsy <b>HEME/LYMPH/MEDIASTIMUM/DIAPHRAGM</b> -Surgery of the lymph nodes, spleen, mediastinum, and diaphragm <b>DIGESTIVE</b> -Gastrointestinal tract surgery from the esophagus to the anus including endoscopic surgery for those organ systems <b>BASIC ANESTHESIA</b> -Minor nerve blocks and local anesthesia		
	<b>MODERATE SEDATION</b> <i>(Complete separate form)</i>		
<b>RESTRAINT PRIVILEGES</b>			

*(Continued on Next Page)*

**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  
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Delineation of Core Privileges

**ELIGIBILITY CRITERIA:** To be able to request these clinical privileges, the applicant must meet the criteria below:

1. **MD, DO**
2. **Completed additional education/training as follows:**

- Completion of approved Surgery Residency, **AND**
- Certification by the American Board of Surgery

**NEW APPLICANTS MUST BE** Board Eligible and complete Board Certification within 5 years of application/approved Medical Staff membership.

3. **Have the following experience:**
  - See General Surgery Core and Non-Core Privileges-CORE I-
4. **Be able to secure clinical references as outlined in the Policy On Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.**

## **GENERAL SURGERY CORE I PRIVILEGES**

The broad base of general surgical privileges includes the performance of, or surgical assisting at any surgical procedure below.

In addition to the eligibility criteria, to qualify for Core I Privileges a physician must perform a minimum of twenty-five (25) cases within the last two- (2) years to maintain privileges.

### I. Skin/Soft Tissue

Incisions and drainages, excisions and debridements, biopsies and excisions, repairs, adjacent tissue transfers, rearrangements and grafts, decubitus ulcers, and straightforward burns.

### II. Musculoskeletal

Amputations

### III. Respiratory

Respiratory tract endoscopy, noncardiac thoracic surgery, lung biopsy.

### IV. Heme/Lymph/Mediastinum/Diaphragm

Surgery of the lymph nodes, spleen, mediastinum, and diaphragm.

### V. Digestive

Gastrointestinal tract surgery from the esophagus to the anus including surgery for those organ systems.

### VI. Basic Anesthesia

Minor nerve blocks and local anesthesia