

Heart Hospital of New Mexico
Surgery Department
Plastic Surgery

Core Privileges 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
CORE I PRIVILEGES			
Privileges include admission, workup, and the performance of surgical procedures.			
	<ul style="list-style-type: none"> -Treatment of skin neoplasms, diseases and trauma <ul style="list-style-type: none"> ○ Benign and malignant lesions of the skin and soft tissue ○ Reconstructive grafts and flaps ○ Scar Revisions -Surgery of the breast <ul style="list-style-type: none"> ○ Breast reconstruction ○ Breast reduction ○ Breast biopsy ○ Breast Augmentation ○ Congenital anomalies ○ Mastectomy (subcutaneous and simple) ○ Breast lift (Mastopexy) ○ Gynecomastia (Male Breast) -Cosmetic Surgery <ul style="list-style-type: none"> ○ Abdominoplasty ○ Liposuction ○ Otoplasty ○ Browlift ○ Blepharoplasty ○ Canthopexy ○ Facelift ○ Phydidectomy 		
MODERATE SEDATION <i>(complete separate forms)</i>			
RESTRAINT PRIVILEGES			

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

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Delineation of Core Privileges

A) ELIGIBILITY CRITERIA:

Medical Education:

- M.D. or D.O. Degree

AND

Fellowship Training:

- Completion of an approved residency program in plastic surgery.

OR

Experience:

- Documented performance of fifty (50) plastic surgery procedures during the last twelve (12) months.

AND

Board Certification:

- Certified by the American Board of Plastic Surgery
- New applicants must be Board eligible and complete Board Certification within five (5) years of application/approved Medical Staff membership.

Clinical References:

- As outlined in the Procedure for Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.

B) RECREDENTIALING CRITERIA: Physicians must demonstrate their maintained competence with evidence that they performed at least 100 plastic surgery procedures in the previous two (2) years. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.

C) PRIVILEGES: Privileges include admission, workup, and the performance of surgical procedures.

- Treatment of skin neoplasms, diseases, and trauma
 - Benign and malignant lesions of the skin and soft tissue.
 - Reconstructive grafts and flaps
 - Scar revisions
- Surgery of the breast
 - Breast reconstruction
 - Breast reduction
 - Breast biopsy

- Breast Augmentation
- Congenital anomalies
- Mastectomy (subcutaneous and simple)
- Breast Lift (Mastopexy)
- Gynecomastia (Male Breast Reduction)

- Cosmetic Surgery
 - Abdominoplasty
 - Liposuction
 - Otoplasty
 - Browlift
 - Blepharoplasty
 - Canthopexy
 - Facelift
 - Rhytidectomy