

Heart Hospital of New Mexico  
Surgery Department  
**Thoracic 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>			
	-Non-Cardiac Thoracic Surgery to include, but not limited to: -Chest Wall Resection -Rib Resections -Operations on Mediastinum (Tumor Resection) -Operations on the diaphragm -Esophagoscopy -Tracheoscopy -Bronchoscopy -Scalene Node Biopsy -Mediastinoscopy -Hiatal Hernia Repair -Esophageal Biopsy/Resection (with colon & stomach interposition) -Lung Biopsy -Pleural Biopsy, Decortication -Tube Thoracostomy -Lung Resection (Lobectomy, Wedge Resection, Pneumonectomy, Segmentectomy)		
<b>NON-CORE PRIVILEGES</b>			
	Tracheal-Carinal Resection		
<b>MODERATE SEDATION</b> <i>(Complete separate form)</i>			
<b>RESTRAINT PRIVILEGES</b>			

**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

**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:**
  - Successful completion of an approved Thoracic Surgery Residency or Post Graduate Fellowship OR
  - Completion of General Surgery Residency which included training in Thoracic Surgery (documentation required)
  - Certified by the American Board of Thoracic Surgery.

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

3. **Have the following past experience:**
  - Performed or assisted in a minimum of ten (10) cases within the last two years.
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.**

## THORACIC SURGERY CORE I PRIVILEGES

**Minimum criteria of 10 Core I procedures within two years. This can be fulfilled from other hospital affiliations.**

- Non-Cardiac Thoracic Surgery to include, but not limited to:
  - Chest Wall Resection
  - Rib Resection
  - Operations on Mediastinum (Tumor Resection)
  - Operations on the Diaphragm
  - Esophagoscopy
  - Tracheoscopy
  - Bronchoscopy
  - Scalene Node Biopsy
  - Mediastinoscopy
  - Hiatal Hernia Repair
  - Esophageal Biopsy/Resection (with colon & stomach interposition)
  - Lung Biopsy
  - Pleural Biopsy, Decortication
  - Tube Thoracostomy
  - Lung Resection (Lobectomy, Wedge Resection, Pneumonectomy)

**Heart Hospital of New Mexico**  
**Stentless**  
**Non-Core Privileges**

**1. ELIGIBILITY CRITERIA:**

- A. Basic education: M.D. or D.O. degree
- B. Completion of an accredited Surgery residency
- C. Completion of an accredited Thoracic fellowship

**2. REQUIRED PREVIOUS EXPERIENCE:**

-SEE THORACIC CORE PRIVILEGES