

Heart Hospital of New Mexico  
Surgery Department  
**Vascular 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>			
	<ul style="list-style-type: none"> <li>-Major peripheral arterial reconstruction</li> <li>-Major peripheral venous reconstruction</li> <li>-Arterial or Venous Embolectomy</li> <li>-Arterial or Venous Thrombectomy</li> <li>-Carotid Endarterectomy</li> <li>-Aorta-Bifemoral Bypass</li> <li>-Femoral-Popliteal or Distal Artery Bypass</li> <li>-Placement of Vena Caval Filter</li> <li>-AAA Resection</li> <li>-PTA of Peripheral Arteries</li> <li>-Sympathectomy – Thoracic (Dorsal) &amp; Lumbar</li> <li>-Operative Arteriography, Venography</li> </ul>		
<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 Vascular Surgery Residency or Post Graduate Fellowship OR
  - Completion of General Surgery Residency which included training in Vascular Surgery (documentation required) OR
  - Completion of Thoracic Surgery Residency which included training in Vascular Surgery (documentation required) AND
  - Certified by the American Board of Vascular Surgery or American Board of Thoracic Surgery.

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

3. **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.**
4. **Be monitored per the proctoring guidelines.**