

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGES REQUEST FORM FOR ADULT ECHOCARDIOGRAPHY**

**Minimum Threshold Criteria**

*To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.*

1. *Basic education:* M.D. or D.O.
2. *Minimal formal training:* Successful completion of an approved internal medicine residency training program followed by a fellowship in cardiology.
3. *Required previous experience:* The applicant must be able to demonstrate that he or she has performed at least 100 echocardiograms during that last 12 months.

*Note: Letters of reference must come from the individual responsible for formal echocardiographic training or a physician who is familiar with the physician's experience with echocardiography.*

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*I understand that in making this request I am bound by West Jefferson Medical Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.*

Physician's signature

Typed or printed name

Date

Approved: 3/97

**"In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."**