

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR CARDIOLOGY

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 residency training program in internal medicine followed by an approved fellowship in cardiology.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 50 patients during the past 12 months.

Note: A letter of reference must come from the person responsible for the applicant's fellowship training or the department chief from another hospital where applicant has been affiliated for the last two years. Two other letters must come from a general practitioner and an anesthesiologist who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of cardiology.

Core Privileges

Privileges include being able to admit, work up, diagnose, and provide treatment or consultative services to patients of all ages presenting with cardiovascular disease. Privileges include echocardiography and Advanced Cardiac Life Support (ACLS), including cardioversion. These privileges do not include any of the following special requests.

Candidate must meet established criteria.

Special requests for cardiology include:

- percutaneous transluminal coronary angioplasty
- coronary atherectomy
- cardiac catheterization
- coronary stent placement
- transesophageal echocardiography
- percutaneous transluminal peripheral angioplasty
- use of the laser
- electrocardiography interpretation
- adult echocardiography

Note: Privileges for electrocardiography are sometimes granted in accordance with a contractual arrangement. Physicians who are not a party to the contract will not be eligible to request the privileges regardless of education, training, and experience.

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."