

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGE REQUEST FORM FOR DERMATOLOGY

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 four-year residency program.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has provided inpatient care to at least 12 patients as the attending physician (or senior resident) during the past 12 months.

Core Privileges

Privileges include the ability to admit, work-up, and provide nonsurgical therapy to patients of all ages with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, and cutaneous glands) including consultation and the performance of the following procedures:

Please indicate the number done in the past 12 months for the following procedures:

- simple excision and repair
- skin and nail biopsy
- scalp surgery
- skin grafting
- sclerotherapy
- electrolysis
- collagen injections

Special Requests

I hereby request the following special privileges:

- laser surgery
- Mohs micrographic surgery
- liposuction

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: 1/97

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