

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGE REQUEST FORM FOR DIRECTIONAL CORONARY ATHERECTOMY

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. *Minimum formal training:* The applicant must be able to demonstrate successful completion of an approved residency/fellowship training program in cardiology.
3. *Required previous experience:* The applicant must be able to demonstrate that he or she qualifies for balloon angioplasty privileges and must have performed or assisted in at least 25 DCA's.

References:

Letters of reference must come from the individual responsible for formal coronary balloon angioplasty and DCA training, as well as physician who is familiar with the cardiologist's experience with DCA.

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.

Physicians signature

Typed or printed name

Date

Approved: 4/97

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