

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGES REQUEST FORM FOR FLEXIBLE FIBEROPTIC BRONCHOSCOPY**

**Minimum Threshold Criteria**

*To be able 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 in a general subspecialty program, such as pulmonary medicine thoracic surgery, otolaryngology, or general surgery.
3. *Required previous experience:* The applicant must demonstrate that he or she has completed 50 fiberoptic bronchoscopies, including 20 cases involving transbronchial lung biopsy.

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**References**

*A letter of reference must come from the program director responsible for training the applicant in the use of the fiberoptic bronchoscope for diagnostic and therapeutic procedures or his or her department chief.*

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

Physician's signature

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Typed or printed name

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Date

Approved: 6/97

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