

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGE REQUEST FORM FOR GYNECOLOGICAL LAPAROSCOPIC SURGERY**

**Minimum Threshold Criteria**

*To be eligible to request clinical privileges for gynecological laparoscopic surgery, a practitioner must meet the following minimum threshold criteria:*

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 program in obstetrics and gynecology.
3. *Additional training requirements:* If not taught in residency, the applicant must be able to demonstrate successful completion of a two-day continuing medical education course in gynecological laparoscopic surgery covering didactic information. The applicant must also get hands-on-training through a preceptorship or proctorship under the supervision of an experienced gynecological surgeon.
4. *Required previous experience:* The applicant must be able to demonstrate that he or she performed at least 10 procedures in the last 12 months for each gynecological laparoscopic procedure requested. These can include hemostasis of large vessels, extensive dissections such as hysterectomy or adnexectomy, extensive adhesiolysis, tuboplasty, uterine suspension, treatment for ectopic pregnancy, minimal adhesiolysis, destruction of minimum foci of endometriosis, ovarian biopsy, ovarian puncture, tubal sterilization, and assisted fertility procedures.
5. *References:* A letter of recommendation should come from the director of the applicant's obstetrics and gynecological residency program or from the gynecological surgeon in charge of the applicant's training program.
6. *Reappointment:* Reappointment should be based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms. The applicant must demonstrate that he or she has performed at least 10 procedures in the past year for each gynecological laparoscopic procedure requested. In addition, continuing medical education related to gynecological laparoscopic surgery should also be required.

*I understand that in making this request I am bound by the applicable bylaws or policies of the hospital and hereby stipulated that I meet the minimum threshold criteria for this request.*

Physician signature

Typed or printed name

Date

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