

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

Minimum threshold criteria for initial appointment and reappointment

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 demonstrate successful completion of an approved residency in plastic surgery, OB/GYN, general surgery, Otolaryngology, or Dermatology.
3. *Required previous experience:* The applicant must demonstrate prior performance of at least 20 surgical procedures designed to shape and contour the body. The applicant must also present evidence of at least 30 CME hours in indications for, technical aspects of, and post-procedure management of liposuction if not done in residency.

References

Letters of reference must come from the board certified internist, residency director, or CME director, board certified plastic surgeon, general surgeon, GYN, Otolaryngology, or Dermatology specialist.

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: 4/97

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