

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGE REQUEST FORM FOR LITHOTRIPSY**

**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 be able to demonstrate successful completion of a residency or fellowship program approved by the American Board of Urology. Or the applicant must hold a certificate indicating proper training in ESWL from a center approved by the American Urological Association. This training should involve management of 25 patients for five to 10 consecutive working days and include pre-treatment studies and post-treatment care of these patients.
3. *Required previous experience:* The applicant must be able to demonstrate that he or she is qualified to perform ESWL. Due to the complexity of ESWL technology, the following monitoring system should be employed.
  - a. For candidates who have previous ESWL experience, a minimum of 3 cases should be observed by a practitioner who is credentialed to perform ESWL.
  - b. For candidates who have no previous ESWL experience, a minimum of 6 cases should be observed by a practitioner who is credentialed to perform ESWL.

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**References:**

Letters of reference must come from the director of the training program, residency program, or fellowship program.

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*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.*

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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."**