

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

**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. *Minimal formal training:* Successful completion of any approved residency training program in internal medicine and completed fellowship in nephrology.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 24 patients during the past 12 months.

---

**Core Privileges**

Privileges include being able to admit, work up, diagnose and provide treatment or consultative services to patients presenting with illnesses and disorders of the kidneys. Privileges include hemodialysis, peritoneal dialysis, catheter insertion, placement of temporary vascular access, placement of peritoneal dialysis, and renal biopsy.

---

*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."**