

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGES REQUEST FORM FOR OCCUPATIONAL MEDICINE**

**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 occupational medicine that includes postgraduate courses that award a master of public health degree or its equivalent.

In lieu of formal occupational medicine training, physicians who completed residency training in other medical specialties should have at least four years of practice devoted to occupational medicine and successfully completed the following core courses of the master of public health degree: epidemiology, biostatistics, health services management and administration, and environmental health.

3. *Required previous experience:* The applicant must demonstrate that he or she has documented postgraduate practice in occupational medicine for at least two of the last five years.

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**References**

A letter of reference must come from an applicant's residency director or a physician who is acquainted with the applicant's current professional status, medical practice, and involvement in the field of occupational medicine.

If you meet the above criteria, you may request privileges as specified below.

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**Core Privileges**

Privileges include being able to work up, diagnose, consult, and provide treatment to patients on an outpatient basis presenting with work-related problems. These privileges include the ability to admit patients to an occupational medicine or rehabilitation unit of an acute care facility, if one exists.

*Note: If an occupational medicine or rehabilitation unit does not exist, patients in need of admission to an acute care facility due to an underlying medical condition require a coadmitting physician with appropriate clinical privileges. Hospitals should treat privileges to admit to an acute care setting as a special request.*

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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.*

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Date

Approved: 6/97

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