

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGE REQUEST FORM FOR ORTHOPEDIC SURGERY

Minimum Threshold Criteria

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

1. *Education:* M.D. or D.O.
2. *Minimum formal training:* The applicant must be able to demonstrate successful completion of an ACGME or AOA approved residency program in orthopedic surgery.
3. *Required previous experience:* The applicant must demonstrate that he or she has performed at least 100 orthopedic procedures during the last 12 months or demonstrated successful participation in a hospital affiliated formalized residency or special clinical fellowship during which the applicant performed or assisted with at least 30 cases.
4. *References:* A letter of reference must come from the person responsible for the applicant's residency training or the department chief of another hospital with which the applicant has been affiliated for the last two years. Two other letters must come from a primary care physician and an orthopedic surgeon who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of orthopedic surgery.

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

I hereby request core orthopedic surgery privileges as follows: Privileges include being able to admit, work up, and provide nonsurgical and surgical care to patients of all ages to correct or treat various conditions, illnesses, and injuries of the musculoskeletal system, including complex hand surgery and the provision of consultation.

These privileges do not include any of the following special requests.

Special Requests

Special requests for orthopedic surgery include:

- use of surgical laser
- vascular grafts of the hands and forearm

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

Physician's Signature

Typed or printed name

Date

Approved: 1/97
Revised: 10/01

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