

**WEST JEFFERSON MEDICAL CENTER
MARRERO, LOUISIANA
PRIVILEGES REQUEST FORM FOR PEDIATRIC CARDIOLOGY**

Minimum Threshold Criteria

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: The applicant must demonstrate successful completion of an approved residency program in pediatric cardiology. The applicant must also demonstrate successful completion of a pediatric cardiology subspecialty fellowship program.
3. Required formal experience: An institution needs to determine for each pediatric cardiology subspecialty the appropriate experience necessary to demonstrate competence. For example, the ACGME recommends a minimum yearly pediatric caseload of approximately 100 cardiac catheterizations and 75 operations employing extracorporeal circulation.

Note: Letters of reference must come from the director of the applicant's fellowship program as well as from the director of any subspecialty program that the applicant successfully completed. Or a letter of reference should come from the chief of pediatric cardiology at the institution where the applicant last practiced.

Core Privileges

Privileges include being able to admit, work up, diagnose, and provide treatment or consultative services to patients of all ages presenting with cardiovascular disease. Privileges include echocardiography and Pediatric Advanced Life Support (PALS), including cardioversion. These privileges do not include any if the following special request.

Candidate must meet established criteria.

Special requests for pediatric cardiology include:

- cardiac catheterization
- coronary stent placement
- transesophageal echocardiography
- percutaneous transluminal peripheral angioplasty
- pediatric electrocardiography interpretation

Note: Privileges for electrocardiography are sometimes granted in accordance with a contractual arrangement. Physicians who are not a party to the contract will not be eligible to request the privileges regardless of education, training, and experience.

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

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