

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana

PRIVILEGES REQUEST FORM FOR PERIPHERAL AND VISCERAL ARTERIOGRAPHY

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:* Successful completion of an approved residency/fellowship training program in radiology, vascular medicine, vascular surgery, or cardiology fellowship which includes three months of concentrated experience in the performance of diagnostic arteriography.
3. *Required previous experience:* The applicant must be able to demonstrate that he or she has performed 30 peripheral and visceral arteriograms within the past three years.

Note: Letters of references must come from the individual responsible for formal training or a physician who is familiar with the physician's experience with arteriography.

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."