

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGES REQUEST FORM FOR PHYSICAL MEDICINE AND REHABILITATION**

**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 be able to demonstrate successful completion of an approved residency training program in PM&R.
3. *Required previous experience:* The applicant must demonstrate that he or she has provided inpatient or consultative services to at least 24 patients in the past 12 months.

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**References**

*A letter of reference must come from the person responsible for the applicant's fellowship training or the department chief of another hospital the applicant has been affiliated with for the last two years. Two other letters must come from a primary care physician and a PM&R specialist who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of PM&R.*

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

**Core Privileges**

*I hereby request core PM&R privileges as follows: Privileges include being able to admit, work up, and provide nonsurgical therapeutic treatment to patients presenting with neuromuscular or musculoskeletal disorders, including the provision of consultation.*

**Note:** If any privileges are covered by an exclusive contractual arrangement, physicians who are not a party to the contract are not eligible to request privileges, regardless of education, training, and experience.

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

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For each special request, the applicant must meet minimum threshold criteria. Special requests for PM&R include:

- nerve block
  - muscle biopsy
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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: 3/97 "In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."