

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGES REQUEST FORM FOR PLASTIC SURGERY**

**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:* Successful completion of a residency in Plastic and Reconstructive accredited by the committee on graduate medical education of the A.M.A.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has performed at least 100 plastic surgery procedures during the last 12 months. Cases performed in the course of a residency or post residency fellowship will count in fulfilling this criteria.

*Note: Three letters of references must come from the residency director, chief of plastic surgery, or chair of plastic surgery from another hospital where applicant has been affiliated for the last two years or two plastic surgeons (who the physician is not presently associated or about to become partners with) who have known the applicant at least two years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of plastic surgery.*

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Privileges include admission, work up, and the performance of surgical procedures for patients of all ages presenting with both congenital and acquired defects of the body's soft tissue including the functional and aesthetic management, complex hand surgery, and the provision of consultations. These privileges do not include any of the following special requests.

For each special request, threshold criteria will be established. Special surgical requests for plastic surgery include:

- use of the surgical laser
  - liposuction
  - microsurgery
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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.*

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Physician's signature

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

\_\_\_\_\_  
Date

Approved: 4/97  
Revised: 10/01

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