

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR PODIATRY

Minimal Threshold Criteria

To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.

1. *Basic education:* DPM
2. *Minimal formal training:* The applicant must be able to demonstrate successful completion of a one-year postgraduate training programs.

Those podiatrists without such training must demonstrate current competency by documented proof of training and experience.

3. *Required previous experience:* The applicant must demonstrate prior competency performance of each requested procedure and submit 20 operative reports reflecting procedures performed during residency or during prior experience for each of the following podiatric groupings in which he or she requests privileges:

- Class I- digital and forefoot
- Class II-forefoot and simple rearfoot
- Class III-rearfoot and ankle
- Class IV-traumatology and specialized surgery

Note: An applicant who is requesting privileges in Class IV requires total qualification in Classes I-III.

References

A letter of reference must come from the practitioner's residency director or chief of department.

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."