

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR PULMONARY DISEASE

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. *Minimal formal training:* Successful completion of an approved residency training program in internal medicine followed by a fellowship in pulmonology.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 50 patients during the past 12 months.

Note: A letter of reference must come from the person responsible for the applicant's fellowship training or the department chief from another hospital where applicant has been affiliated for the last two years. Two other letters must come from internists or family practitioners who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of pulmonology.

Core Privileges

Privileges include being able to admit, work up, diagnose, and provide treatment or consultative services to patients presenting with conditions, injuries, and diseases of the organs of the thorax or chest: the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system. These privileges do not include any of the following special requests.

For each of the special request, threshold criteria must be established. Special requests for pulmonology include:

- chest tube placement
- use of the laser

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

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."