

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

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 an ACGME- or AOA - approved residency training program in radiology.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has performed and interpreted at least 1000 radiologic tests or procedures during the past 12 months.

Note: Three letters of references must come from residency director, chief of radiology, or chair of radiology from another hospital where applicant has been affiliated for the last two years or one radiologist (who the physician is not presently associated or about to become partners with) and an attending physician such as a pulmonologist 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 radiology.

Core Privileges

Privileges include general diagnostic radiology (supervision and interpretation), diagnostic ultrasound, diagnostic nuclear medicine studies, diagnostic neuroradiology, diagnostic invasive procedures, including neuro, peripheral, and visceral angiography, image-guided percutaneous biopsies, aspirations, and drainages, percutaneous musculoskeletal procedures, and diagnostic body imaging. These privileges do not include any of the following special requests:

For each special request, threshold criteria are established under interventional radiology. Special requests for radiology include:

- angioplasty-peripheral, renal, and visceral
- percutaneous endovascular stent placement
- complex peripheral and visceral percutaneous intravascular procedures
- complex percutaneous urologic procedures
- percutaneous biliary procedures
- percutaneous intracranial neurointerventional procedures
- pulmonary angiography
- Stereotactic breast biopsy

Note: If any of these requests are covered by an exclusive contractual arrangement, physicians who are not a party to the contract should not be 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
Revised: 11/01

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