

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGE REQUEST FORM FOR RHEUMATOLOGY**

**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 any approved residency training program in internal medicine and completed fellowship in rheumatology.
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 20 patients during the past 12 months.

**Core privileges**

*Privileges include being able to admit, work up, diagnose and provide treatment or consultative services to patients of all ages presenting with rheumatic disease. Privileges include diagnostic aspiration of synovial fluid from diarthrodial joints, bursae, and tenosynovial structures and therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses. These privileges do not include any of the following special requests.*

*Special requests for rheumatology include:*

[ ] arthroscopy

*Note: Physician must be able to demonstrate successful performance of arthroscopy on at least 10 patients in the past twelve months.*

*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: 4/97

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