

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGES REQUEST FORM FOR STEREOTACTIC BREAST BIOPSY**

**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:* Physician must fulfill the requirements of **physician's qualification for stereotactic breast biopsy** as submitted by the **American College of Surgeons** and the **American College of Radiology**. The applicant must have documented training in the Stereotactic Breast Biopsy technique, which may be fulfilled by completing an approved course which includes the technical aspects of the **specific** equipment used. The courses must be approved by the Credentials Committee.
3. *Required previous experience:* The applicant must have performed at least 12 stereotactic breast biopsies, or at least three hands-on stereotactic breast biopsy procedures under the supervision of a physician who is qualified to interpret mammography under MQSA and has performed at least 24 stereotactic breast biopsies.

*Note: Physician who has Stereotactic Biopsy experience at another institution may apply for privileges but must provide supporting documentation. (Letter from Department Chairman)*

I am applying for: (check one)

- Privileges for the radiologist in a collaborative setting;
- Privileges for the surgeon (or other physician) in a collaborative setting;
- Privileges for a radiologist practicing independently; or
- Privileges for a surgeon (or other physician) practicing stereotactic breast biopsy independently.

**Reappointment Criteria**

To maintain privileges, a physician must perform a minimum of ten (10) procedures in a twelve (12) month period. If this criterion is not met, they must resubmit for privileges from the Department of Surgery.

*I understand that in making this request I am bound by West Jefferson Medical Center's bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.*

Physician's signature

Typed or printed name

Date

Approved: 7/98

Revised: 11/01

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