

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGE REQUEST FORM FOR THORACIC AND/OR CARDIOVASCULAR SURGERY**

**Minimum Threshold Criteria**

*To be eligible to request clinical privileges for thoracic and/or cardiovascular surgery, a practitioner must meet the following minimum threshold criteria:*

1. *Basic education:* M.D. or D.O.
2. *Minimum formal training:* The applicant must be able to demonstrate successful completion of an approved residency program in general surgery that was followed by an approved residency/fellowship training program in general thoracic and cardiovascular surgery. Exception to post surgical training is limited to those of long standing experience and established competence in surgery of the chest.
3. *Required previous experience:* If applying for thoracic privileges, the applicant must demonstrate that he or she has performed at least 35 thoracic surgical procedures in the past 12 months. If applying for cardiovascular privileges, the applicant must demonstrate that he or she has performed or 1st assisted at least 100 cardiovascular procedures in the past 12 months.
4. *References:* A letter of reference must come from the applicant's residency director or the chief of surgery from another hospital the applicant has been affiliated with for the last two years. Two other letters must come from an anesthesiologist and a [primary care physician who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of thoracic surgery.

**If you meet the above criteria, you may request privileges as specified below.**

*I hereby request core thoracic surgery privileges as follows: Privileges include being able to admit, work up, and diagnose patients above the age of one year presenting with illnesses, injuries, and disorders of the thoracic cavity and related structures, including the chest wall. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the thoracic problem. These privileges do not include any of the following special requests.*

*For each special request, the applicant must meet minimum threshold criteria, special requests for thoracic surgery include:*

- use of laser
- surgical privileges for patients under the age of 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 minimum threshold criteria for this 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."**