

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGE REQUEST FORM FOR INTERVENTIONAL RADIOLOGY

Minimum Threshold Criteria

To be eligible to request clinical privileges for interventional radiology, a practitioner must meet the following minimum threshold criteria:

1. *Education:* M.D. or D.O.
2. *Minimum formal training:* The applicant must demonstrate successful completion of an approved residency program in diagnostic radiology followed by a fellowship in interventional radiology, or procure the CAQVIR, or may qualify through the required previous experience as described below.
3. *Required previous experience:* The applicant must demonstrate that he or she has 12 months of documented clinical practice devoted to interventional radiology and has at least performed 500 documented invasive cases (250 as primary operator) in the last five years in interventional radiology, including (as pertinent to special requests):
 - * 100 angiograms,
 - * 25 angioplasties/stents
 - * 15 percutaneous organ drainage procedures (biliary, urologic)
 - * 15 catheter directed thrombolysis
 - * 10 intracranial neurointerventional procedures
 - * 5 pulmonary angiograms
4. *References:* A letter of reference must come from the physicians residency and fellowship director, the program directors of any interventional radiology training programs, and the chief of the department of radiology from another hospital with which the applicant has been affiliated for the last two years.

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

I hereby request core interventional radiology privileges as follows: Privileges include being able to admit, work up, diagnose, and provide treatment and consultative services to patients with a variety of conditions who may require vascular interventions, such as balloon angioplasty, arterial stent placements for stenosis or occlusion, or thrombolytic therapy; or nonvascular interventions, such as biliary or abscess drainage, percutaneous needle biopsy, or percutaneous nephrostomy.

I understand that in making this request I am bound by the applicable bylaws or policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician's name

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."

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGE REQUEST FORM FOR CREDENTIALING OF NON-ANESTHESIOLOGIST
FOR USE OF
IV CONSCIOUS SEDATION

To be eligible to request privileges to use IV Conscious Sedation in one's hospital practice, a practitioner must meet at least one of the following criteria:

- Be board certified/board eligible in a specialty pertinent to the intended use; or
- Demonstrate successful use of IV Conscious Sedation without serious complications in at least 10 patients in the past 24 months; or
- Have had acceptable training and demonstrate knowledge of adverse reactions to anesthetic/analgesic agents requested and are certified in ACLS or PALS.

The physician must check which criteria above qualifies him/her for use and which agent(s) are requested.

IV Conscious Sedation drugs requested:

- Diazepam (Valium)
- Lorazepam (Ativan)
- Midazolam (Versed)
- Narcotics (Demerol, Morphine, Sublimaze)
- Other (Specify)

Requesting Physician (Print or Type Name)

Signature

Date

APPROVALS

Department Chairperson

Date

Credentials Committee Chairman

Date

Medical Executive Committee

Date

Professional Affairs Committee

Date

Board of Directors
Approved: 1/97

Date

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