



## Privileges in Cardiovascular Medicine

Name:

**Instructions:**

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

**Education/Training**

Successful completion of an ACGME or AOA accredited Fellowship in cardiology or foreign equivalent training

**AND**

Current certification or active participation in the examination process leading to certification in cardiology by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

**FPPE**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

**Provide care on LPCH patients in specific areas of SHC**

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

**ASSIST ONLY**

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	<b>Additional Request</b>	
	ASSIST ONLY - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above.	

**Qualifications**

**Additional Information**      No Admitting Privileges  
 Must have primary surgeon in attendance for all procedures scheduled

**Renewal**                      Must maintain reappointment activity of 11+ per year  
 Maintain current certification or active participation in the examination process leading to certification in cardiology by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board

**FPPE**

Assist Only

**Core Privileges**

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	<b>Privileges included in the Core:</b>	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with diseases of the heart, lungs, and blood vessels.	
	Cardioversion	
	Insertion and management of arterial	
	Use of thrombolytic agents	
	Emergent pericardiocentesis	

[applicant]

	Interpretation of EKG	
	Pacemaker evaluation and programming	
	Holter scanning	

**Qualifications**

**Renewal Criteria**            Minimum 100 cases required during the past 2 years  
   Maintain current certification or active participation in the examination process leading to certification in cardiology by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.

**FPPE**

Core - Applicant must meet with Proctor to discuss completed cases/charts

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA -Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA -Teaching appointment to work in SHC outpatient clinics]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Cardiac catheterization and Angiography [CRITERIA - 200 cases performed in the last 2 years. Case log required - Initial only.]	
	Temporary transvenous pacemaker placement [CRITERIA - 10 cases performed in the last 2 years. Case log required - Initial only.]	
	Intra-aortic balloon pump placement [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Interventional Cardiology. Renewal - Minimum 5 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category]	
	Coronary balloon angioplasty and stenting procedures [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Interventional Cardiology. Renewal - Minimum 100 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category.]	
	Endomyocardial biopsy [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Interventional Cardiology. Renewal - Minimum 50 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category]	
	Peripheral angiography and angioplasty [CRITERIA - Initial - One Year additional Peripheral Interventional Training. Renewal - Minimum 50 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category]	
	Carotid Stenting [CRITERIA -Initial - Documentation of completion of 40 arteriograms and 25 carotid stent procedures. Plus one year subspecialty Peripheral Interventional Cardiology training. Renewal - Minimum 40 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category]	
	Permanent pacemaker insertion [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology. Renewal - Minimum 40 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category]	
	Pacemaker lead extraction [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology. Renewal - Minimum 20 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category]	

	Implantable defibrillator insertion [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology. Renewal - Minimum 20 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category]	
	Electrophysiology studies with or without ablation [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology. Renewal - Minimum 200 cases required during the past 2 years]	
	Echocardiography interpretation including stress echocardiography and transesophageal echocardiography [CRITERIA - Initial - 1) Level III training (12 months Echo training). 2) Echo Exam (ASCeXAM). 3) Board Certification by National Board of Echocardiography. Renewal - Minimum 200 cases required during the past 2 years]	
	Central Venous Catheter Insertion [CRITERIA - must complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only]	
	Management and care of percutaneous cardiac support device [CRITERIA - Initial -Current Subspecialty Board Certification or active participation in the examination process leading to certification in Heart Failure/Transplant Board or approval by Service Chief. Renewal - Minimum 20 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category.]	
	Management and care of mechanical left ventricular and right ventricular assist devices [CRITERIA - Initial - Current Subspecialty Board Certification or active participation in the examination process leading to certification in Heart Failure/Transplant Board or approval by Service Chief. Renewal - Minimum 20 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category.]	
	Insertion of percutaneous cardiac support devices [CRITERIA - Initial Current Subspecialty Board Certification or active participation in the examination process leading to certification in Interventional Cardiology or approval by service chief. Renewal - Minimum 5 cases required during the past 2 years. Must maintain "Active" or "Courtesy Teaching" category.]	

**FPPE**

- Administration of Moderate Sedation
- Electrophysiology studies with or without ablation
- Central Venous Catheter Insertion
- Cardiac catheterization and Angiography
- Temporary transvenous pacemaker placement
- Intra-aortic balloon pump placement
- Coronary balloon angioplasty and stenting procedures
- Endomyocardial biopsy
- Peripheral angiography and angioplasty
- Carotid Stenting
- Permanent pacemaker insert
- Pacemaker lead extraction
- Implantable defibrillator insertion
- Echocardiography interpretation including stress echocardiography and transesophageal echocardiography
- Management of Cardiac Support Devices
- Management and care of mechanical left ventricular and right ventricular assist devices
- Insertion of Cardiac Support Devices

**Acknowledgment of Applicant**

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

[applicant]

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

**Service Chief Recommendation - Proctoring Requirements**


Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request \_\_\_\_\_ Date \_\_\_\_\_