



## Privileges in Cardiovascular Medicine

Name: \_\_\_\_\_  
*Please Print*

### MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Admitting** – Member in good standing in another TJC, AAAHC or AAAASF accredited hospital, and admits/treats 3 – 10 patients per year at SHC
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine
- 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

**Please indicate any teaching title you may hold with the Stanford School of Medicine:**

- Faculty (MCL, CE or UTL)  Adjunct Clinical Faculty

Teaching Title: \_\_\_\_\_

- Surgical Assist Only** – Board Certification or active participation in the examination process leading to certification in Cardiology.

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
<b>CORE PRIVILEGES**</b>				
<input type="checkbox"/>	<p><b><u>Privileges included in the Core:</u></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.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Core Privileges</u></b></p> <p>Privileges include:</p> <ul style="list-style-type: none"> <li>• Cardioversion</li> <li>• Insertion and management of arterial, central venous</li> <li>• Use of thrombolytic agents</li> <li>• Emergent pericardiocentesis</li> <li>• Interpretation of EKG</li> <li>• Pacemaker evaluation and programming</li> <li>• Holter scanning</li> </ul>	<p>Successful completion of an ACGME or AOA-accredited fellowship in cardiology or foreign equivalent training.</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in Cardiology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine or foreign equivalent training/board.</p>	<p>Appropriate number of cases performed per year as based on Category above</p> <p><b>Reappointments: be prepared to provide a list of cases performed at facilities other than SHC if requested.</b></p> <p>_____# of cases in 2 years</p> <p>Minimum of 100 cases required in the past two years</p>	<p>5 chart reviews</p> <p>Applicant must meet with Proctor to discuss completed cases/charts</p>

<b>SPECIAL PRIVILEGES**</b>				
<b>(MUST ALSO MEET THE CRITERIA ABOVE)</b>				
Request	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# Required during past two years	Proctoring Requirements
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy	Sedation exam every 4 years	3 chart reviews
<input type="checkbox"/>	Cardiac catheterization and Angiography	Documentation of 200 cases performed in the last 2 years.  Submit documentation log	_____ # of cases in 2 years  Minimum of 200 cases required in the past two years	5 chart reviews
<input type="checkbox"/>	Temporary transvenous pacemaker placement	Documentation of 10 cases performed in the last 2 years.  Submit documentation log	_____ # of cases in 2 years  Minimum of 10 cases required in the past two years	5 chart reviews
<input type="checkbox"/>	Intra-aortic balloon pump placement	Current Subspecialty Board Certification or active participation in the examination process leading to certification in Interventional Cardiology	_____ # of cases in 2 years  Minimum of 5 cases required in the past two years	5 chart reviews
<input type="checkbox"/>	Coronary balloon angioplasty and stenting procedures	Current Subspecialty Board Certification or active participation in the examination process leading to certification in Interventional Cardiology	_____ # of cases in 2 years  Minimum of 100 cases required in the past two years	5 chart reviews
<input type="checkbox"/>	Endomyocardial biopsy	Current Subspecialty Board Certification or active participation in the examination process leading to certification in Interventional Cardiology	_____ # of cases in 2 years  Minimum of 50 cases required in the past two years	5 chart reviews
<input type="checkbox"/>	Peripheral angiography and angioplasty	One Year additional Peripheral Interventional Training	_____ # of cases in 2 years  Minimum of 50 cases required in the past two years	5 chart reviews
<input type="checkbox"/>	Carotid Stenting	Documentation of completion of 40 arteriograms and 25 carotid stent procedures. Plus one year subspecialty Peripheral Interventional Cardiology training	_____ # of cases in 2 years  Minimum 40 arteriograms required Minimum 25 carotid stents required in the past two years	5 chart reviews

<input type="checkbox"/>	Permanent pacemaker insertion	Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology	_____# of cases in 2 years  Minimum 40 cases required	5 chart reviews
<input type="checkbox"/>	Pacemaker lead extraction	Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology	_____# of cases in 2 years  Minimum 20 cases required	5 chart reviews
<input type="checkbox"/>	Implantable defibrillator insertion	Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology	_____# of cases in 2 years  Minimum 20 cases required	5 chart reviews
<input type="checkbox"/>	Electrophysiology studies with or without ablation	Current Subspecialty Board Certification or active participation in the examination process leading to certification in Electrophysiology	_____# of cases in 2 years  Minimum 200 cases with ablation 40 without	3 chart reviews
<input type="checkbox"/>	Echocardiography interpretation including stress echocardiography and transesophageal echocardiography	<ul style="list-style-type: none"> <li>• Level III training (12 months Echo training).</li> <li>• Echo Exam (ASCeXAM).</li> <li>• Board Certification by National Board of Echocardiography</li> </ul>	_____# of cases in 2 years  Minimum 200 cases required in the past two years	5 chart reviews

**\*\* On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Special Privileges you are requesting**

**NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. MUST BE COMPLETED WITHIN 12 MONTHS**

**ACKNOWLEDGMENT OF PRACTITIONER:**

*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.*

*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.*

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

If sending by email, type your name in the box above.  
 If sending by mail, please print first and then sign.