



**Delineation of Privileges
Department of Medicine
CARDIOLOGY**

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:		
<ul style="list-style-type: none"> Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate. Successful completion of an ACGME or AOA-accredited residency/fellowship in cardiology. 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. 		
CATEGORY I: CORE PRIVILEGES		
Core Privileges <i>include:</i>	Requested	Approved
Work-up, admission, evaluation, diagnosis, consultation, and/or provision of treatment to patients presenting with cardiovascular disease or disorders and related internal medicine disorders.		
CATEGORY II: SPECIAL CARDIOLOGY PROCEDURES		
Special privileges <i>which may require additional training/experience:</i>	Requested	Approved
NON-INVASIVE TESTING:		
1. EKG interpretation		
2. Echocardiography interpretation		
3. Nuclear cardiac testing		
4. Graded exercise stress testing		
BASIC CARDIAC INTERVENTIONAL TESTING AND TREATMENT:		
1. Swan Ganz catheterization		
2. Transesophageal echocardiography		
3. Endomyocardial biopsy		
4. Pericardiocentesis		
5. Percutaneous pericardiotomy		
6. Cardiac catheterization		
7. Coronary angiography		
8. Thrombolytic therapy		
9. Non-selective aortic, iliac and renal flushes associated with cardiac catheterization		
BASIC CARDIO-ELECTROPHYSIOLOGY TESTING/TREATMENT:		
1. Cardioversion - medical & electrical		
2. Temporary pacer		
3. Permanent pacer		
OTHER (use additional page or reverse side if needed)		
1. Sedation Analgesia (complete attached form if requesting this privilege)		
2.		
3.		
4.		
5.		
CATEGORY III: ADVANCED CARDIOLOGY PROCEDURES		
Advanced privileges <i>which require additional documentation of training/proficiency</i>	Requested	Approved
ADVANCED CARDIAC INTERVENTIONAL PROCEDURES:		
1. Intra-aortic balloon pump placement		
2. Balloon valvuloplasty		

Name: _____

ADVANCED CARDIAC INTERVENTIONAL PROCEDURES (continued):	Requested	Approved
3. Stenting		
➤ Arterial		
➤ Carotid		
➤ Femoral		
➤ Iliac		
ADVANCED CARDIO-ELECTROPHYSIOLOGY TESTING/TREATMENT:		
1. Lead extraction		
2. ICD placement		
CATEGORY IV: CRITICAL CARE PRIVILEGES		
Special advanced critical care procedures <i>which will require additional documentation of training/recency of experience</i>):	Requested	Approved
1. Patient management in the critical care units		
2. Arterial cannula placement		
3. Endotracheal intubation		
4. CVP line placement		
5. Ventilatory support management		
6. Chest tube insertion		
7. Cut Down		
OTHER PRIVILEGES:		
<u>(Please list any other procedures you wish to request. If you still practice Internal Medicine as an independent specialty, please request that Core Privilege List to complete)</u>	Requested	Approved

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges. Categories II - IV privileges cannot be requested or approved without requesting and approving Category I Core privileges

Physician Signature

Date

APPROVAL:

Chief of Medicine

Date