

UNIVERSITY OF MARYLAND MEDICAL CENTER
Department of Medicine, Division of Cardiology
Delineation of Privilege Form

Applicants for membership in the Department of Medicine, Division of Cardiology of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff.

Please indicate the Staff Category to which you wish to apply: (refer to Medical Staff Bylaws for qualifications)

_____ **Active** _____ **Courtesy**

Name: _____ **Date:** _____

NOTE: Privileges marked with an asterisk (*) also require approval of Moderate Sedation privilege (under Section 4)

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. *Approved per the Medical Staff Bylaws	√*	Yes
Outpatient/Ambulatory Services: Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: <ul style="list-style-type: none"> • General patient examination and care involving observation, assessment, planning, implementation and evaluation. • Ordering, interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs. • Performs preventative health care counseling and instructs patients and/or families on treatment plans. 		
Category I - Core Privileges: To be eligible for core privileges, applicants must have completed ACGME approved Internal Medicine & Cardiology training programs and be Board Certified or a candidate for Board Certification in Cardiology. Core privileges include but are not limited to the following <u>Internal Medicine Procedures:</u> inserting central venous catheters, gastric intubation, electrocardiogram review, thoracentesis, paracentesis, arterial blood gas, pelvic exam and pap smear, open wound culture, passage of urethral catheter, lumbar puncture, insertion of arterial line, arthrocentesis, and insertion of esophageal tamponade tube. <u>Cardiology Procedures</u> include: pericardiocentesis, echocardiogram interpretation, holter monitor interpretation, perform & interpret stress tests, and temporary pacemaker insertion.		
Category IIA - Invasive Cardiology – Non-Interventional: to be eligible for Category II privileges, applicants must have completed an ACGME approved Cardiology fellowship program, be Board Certified or a candidate for Board Certification, or provide documentation as to course work and recent experience. Category II privileges are as follows:		
Intra-Aortic Balloon Procedures *		
Cardiac Catheterization *		
Endomyocardial Biopsy *		
Category IIB - Invasive Cardiology – Interventional: to be eligible for Category II privileges, applicants must have completed an ACGME approved Interventional Cardiology fellowship program, be Board Certified or a candidate for Board Certification, or provide documentation as to course work and recent experience. Privileges include Categories I and IIA. Category IIB privileges are as follows:		
Intraventricular Ultrasound *		
Trans-Septal Catheterization *		
Percutaneous Transluminal Coronary Angioplasty/Stenting/Atherectomy *		
Valvuloplasty – Mitral & Aortic *		
Balloon Pericardiotomy *		
Percutaneous Cardiopulmonary Bypass Support *		

Name: _____

Date: _____

NOTE: Privileges marked with an asterisk (*) also require approval of Moderate Sedation privilege (under Section 4)

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category IIC – Heart Rhythm (Electrophysiology) Procedures: to be eligible for Category IIC privileges, applicants must have completed an ACGME approved Electrophysiology fellowship program, be Board Certified or a candidate for Board Certification, or provide documentation as to course work and recent experience. Privileges include Categories I and IIA. Category IIC privileges are as follows:		
Permanent Pacemaker Insertion *		
Electrophysiological Ablation (includes Transeptal Catheterization) *		
Electrophysiological Studies *		
Device & Lead Extraction for Implanted ICDs and PMMs *		
Implantation of Cardioverter Defibrillator *		
Category III: to be eligible for Category III privileges, applicants must have completed applicable training and present documentation of same. Category III privileges are as follows:		
Transesophageal Echocardiography *		
Nuclear Cardiology *		
Category IV: Special/Cross Disciplinary Procedures:		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
Laser Privileges (separate application required) *		
Carbon Dioxide		
Argon (Not Argon Plasma Coagulation)		
Nd-Yag		
Other: _____		
Vascular Specialist (separate application required) *		

Applicant's Signature

Date

Mandeep Mehra, MD, Division Head

Date

Frank M. Calia, MD, M.A.C.P., Department Chairman

Date

Applicant's Confirming Signature
(required if any requested privilege is not approved)

Date

**UNIVERSITY OF MARYLAND MEDICAL SYSTEM
APPLICATION FOR RECERTIFICATION FOR CLINICAL USE OF LASERS**

NAME: _____

DEPT/DIVISION: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE: _____

Current privileges are for the following lasers:

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other _____

Please list the type of laser and procedures for which you are requesting continued privileges. (Use additional pages if needed for the following information.)

TYPE OF LASER	PROCEDURES

List the laser cases which you have done in the past two years:

TYPE OF LASER	PROCEDURE	NUMBER DONE	NUMBER AND TYPE OF COMPLICATIONS, IF ANY

Since your original certification, have you had any further formal courses in laser surgery? If so, specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax to 410-328-6433.

Applicant's Signature

Date

Signature of Department/Division Chief

Date

Approved by Credentials Committee Member

Date

**UNIVERSITY OF MARYLAND MEDICAL CENTER
RENEWAL APPLICATION FOR VASCULAR SPECIALIST**

NAME: _____ DATE: _____

DEPT/DIVISION: _____

NOTE: Any attending physician not meeting the following criteria will have the next 3 procedures that are deficient in number monitored by the Vascular Center Director, then have an additional 12 months to reach the goal number.

PROCEDURES	To Be Completed By Applicant			Recommendations (To be completed by Section Chief) Initial if Yes Write "Not Approved" if No
	Criteria* Number of procedures	Requested	# done in past 24 months	
Category 1 - Basic Diagnostic: to be eligible, applicant must be Board Certified or a candidate for Board Certification as delineated in above reference specialties.				
Diagnostic Peripheral Angiography	100			
Category 2 - Basic Peripheral Endovascular Interventions: to be considered applicant must first meet Category 1 eligibility requirements.				
Peripheral Percutaneous Transluminal Interventions	50			
Category 3 – Advanced Endovascular Therapeutic Interventions**: to be considered, applicant must first meet Category 1 and 2 eligibility requirements.				
Thrombolytic Therapy	10			
Aortic Endografts	10			
Extracranial carotid interventions	10			
Renal interventions	10			

**At least half of each number must have been performed with applicant as primary operator.*

*** Applicants for Advanced procedures must have approved credentials for Basic procedures*

NOTE: All physicians must be credentialed for moderate (conscious) sedation. Please complete appropriate portion on your departmental delineation of privileges.

After completing this form, please return it to Medical Staff Services, 110 S. Paca Street, 8th Floor, Baltimore, MD 21201.

Applicant's Signature

Date

Section Chief _____

Date _____

Department Chair _____

Date _____

Vascular Ctr Committee _____

Date _____

Applicant's Confirming Signature
(required if any requested privilege is not approved)

Date