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: • 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 Internal Medicine Procedures: 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. Cardiology Procedures 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 IID – Advanced Heart Failure & Transplant Cardiology: to be eligible for Category IID privileges, applicants must have completed an ACGME approved Advanced Heart Failure (AHF) fellowship program or be Board Certified in AHF or a candidate for Board Certification, or provide documentation as to course work and recent experience including documentation of VAD patient management for at least 10 patients per year (for VAD procedures). Must complete yearly VAD management and anticoagulation competency education classes and testing. This would include acute and/or chronic VAD patient management. **Category IID privileges are as follows:**		
Management of Ventricular Assist Device (VAD)		
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). *(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria)*		
Laser Privileges **(separate application required)** *		
Carbon Dioxide		
Argon (Not Argon Plasma Coagulation)		
Nd-Yag		
Other: _____		
Vascular Specialist (separate application required) *		

_____ _____
Applicant's Signature Date

_____ _____
Michael Benitez, MD, Interim Division Chief Date

_____ _____
Stephen N. Davis, MBBS, FRCP, FACP, Department Chairman Date

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

UNIVERSITY OF MARYLAND MEDICAL CENTER
APPLICATION FOR PRIVILEGES FOR CLINICAL USE OF LASERS

NAME: _____

DEPT/DIVISION: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE:_____

For which type of laser are you applying for privileges?

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other_____

Approximately how many cases have you done with the laser?

Carbon Dioxide _____ Argon _____ Nd-YAG _____ Other_____

For what types of surgery do you use the laser? _____

_____

Formal courses taken in laser surgery: 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.

_____

_____

_____

Training with lasers during residency and/or during practice: Where it occurred, who supervised you, number of cases done with supervision, dates.

_____

_____

After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax it 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
INITIAL APPLICATION FOR VASCULAR SPECIALIST

NAME: _____ **DATE:** _____

DEPT/DIVISION: _____

Certification or Eligibility by one of the following required (please check all that apply):

___ **American Board of Radiology with additional completion of Interventional Radiology fellowship**
___ **American Board of Internal Medicine with additional eligibility/certification in Cardiovascular Medicine**
___ **American Board of Surgery with additional completion of Vascular Surgery Residency**

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	**Number done in Training/ Practice**	**Check if Requested**	
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 1and 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 _____

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