

CARDIOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health Jax/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	INTERNAL MEDICINE CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, evaluation, performance of any laboratory procedure classified under CLIA 88 rules and regulations as Provider Performed Microscopy or any waived procedure approved by the director designated on the hospital waived testing certificate, diagnosis, consultation and/or provision of non-surgical treatment to patients from adolescence through old age during times of health and through all stages of acute and chronic illness. Core privileges include CVP line placement.	

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CARDIOLOGY CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, evaluation, performance of history and physical exam, diagnosis, consultation, non-invasive diagnostic cardiology tests (not including CT and MRI modalities) and/or provision of treatment to patients presenting with cardiovascular disease or disorders. Privileges include CVP line placement and cardioversion. [++Hospital 8]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
										Arterial Dopplers [++Hospital 6]	
										AICD implantation [++Hospitals 1, 4, 5, 6, 10]	
										Atrial Appendage Closure [++Hospital 1, 5, 9]	
										Atrial Fibrillation Ablation [++Hospitals 1, 5, 6, 7]	
										Cardiac Computer Tomography (CT) [++Hospitals 1, 2, 3, 6, 7, 9]	
										Cardiac Magnetic Resonance Imaging (MR) [++Hospitals 1, 2, 3, 6, 7, 9]	
										Echocardiography (transesophageal) [++Hospitals 4, 5, 6, 10]	
										EKG Reading List [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	
										Electrophysiological studies [++Hospitals 1, 4, 5, 6, 10]	
										Impella Ventricular Assist Device [++Hospitals 1, 5, 6]	
										Implantation of temporary cardiac pacemakers [++Hospitals 4, 5, 10]	

- Privilege not available in this specialty at this hospital.
 - ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.
 - * Procedure that may be performed at a Joint Commission accredited long term care facility.
- Edition date 1/26/18

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1	2	3	4	5	6	7	8	9	10	Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
										Implantation of permanent pacemakers [++Hospitals 1, 2, 4, 5, 6, 9, 10]	
										Insertion pulmonary artery catheters (Swan Ganz) [++Hospitals 4, 5, 10]	
										Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 7, 9, 10]	
										Nuclear cardiology [++Hospitals 1, 2, 4, 5, 6, 9, 10]	
										Cardiac-Vascular Laboratory Procedures	
										Angiography; Coronary [++Hospitals 1, 2, 4, 5, 9, 10]	
										Angiography; Extracranial (Head and Neck) – [++Hospitals 4, 5, 6, 10]	
										Angiography; Extremity [++Hospitals 1, 4, 5, 6, 9, 10]	
										Angiography; Intracranial [++Hospitals 6]	
										Angiography; Pulmonary [++Hospitals 4, 5, 6, 10]	
										Angiography; Renal/mesenteric [++Hospitals 1, 4, 5, 6, 9, 10]	
										Angioplasty/Stent; Coronary [++Hospitals 1, 4, 5, 6, 9, 10]	
										Angioplasty/Stent; Extracranial (Head and Neck) [++Hospitals 1, 3, 5, 6, 7, 8]	
										Angioplasty/Stent; Extremity (including thrombolysis/thrombectomy) [++Hospitals 1, 4, 5, 6, 9, 10]	
										Angioplasty/Stent; Intracranial [++Hospitals 5, 6]	
										Angioplasty/Stent; Pulmonary [++Hospitals 6]	
										Angioplasty/Stent; Renal/ mesenteric [++Hospitals 1, 4, 5, 6, 9, 10]	
										Aortography [++Hospitals 4, 5, 10]	
										Coronary rotablator [++ Hospitals 1, 4, 5, 6, 10]	
										Coronary flow wire/pressure wire insertion	
										Endovascular abdominal aortic stent graft	
										Interventional Structural Heart Disease (examples PFO, ASD, and VSD closures) [++Hospitals 1, 4, 5, 6, 9]	
										Intra-aortic balloon pump [++Hospital 4, 5, 10]	
										Intracoronary thrombectomy devices (AngioJet®, X-sizer®, others) [++Hospitals 3, 6]	
										Intracoronary thrombolysis	
										Intracoronary ultrasound [++Hospital 6]	

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										Intravascular brachytherapy [++Hospital 4, 5]	
										Laser: Excimer [++Hospital 6]	
										Sclerotherapy and Saphenous Vein Ablation [++Hospital 4, 5, 10]	
										Transcatheter Aortic Valve Replacement (TAVR) [++Hospitals 1, 5, 6, 9]	
										Transcatheter Mitral Valve Repair (Mitraclip) [++Hospitals 1, 6]	
										Transcatheter Mitral Valve Replacement (TMVR) [++Hospitals 1, 6]	
										Thrombolysis/thrombectomy procedures - Pulmonary [++Hospitals 4, 5, 6, 10]	
										Valvuloplasty [++Hospitals 1, 5]	

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

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