

THORACIC & CARDIOVASCULAR SURGERY 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/SJ 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	GENERAL SURGERY CORE PRIVILEGES	APPR
										<p>Work-up, admission, history and physical examination, consultation, diagnosis, assessment, surgical and non-surgical treatment of various conditions, illnesses, and injuries of the alimentary tract, abdomen and its contents, breasts, skin and soft tissue, head and neck, endocrine system, extremity surgery (i.e. biopsy, varicose veins, foreign body removal, skin grafts, and vascular access for dialysis patients), and amputations.</p> <p>Also included is the comprehensive management of trauma, including musculoskeletal, hand and head injuries, and the complete care of critically ill patients with underlying surgical conditions in the emergency department intensive care unit, and (if applicable) the trauma and/or burn units. [Physicians desiring privileges for children < 24 months at Wolfson must complete the General Surgery Privilege Form.]</p>	

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

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										<p>THORACIC SURGERY: Work-up, admission, history and physical examination, assessment, diagnosis, consultation, surgical and non-surgical treatment of patients with illnesses, injuries and disorders of the thoracic cavity and related structures including the mediastinum, trachea, lungs, esophagus, heart, diaphragm and chest wall. Includes bronchoscopy (diagnostic and therapeutic), esophagoscopy and esophagogastroduodenoscopy (EGD). [Physicians desiring privileges for children < 24 months at Wolfson must complete the Pediatric Thoracic & Cardiovascular Surgery Privilege Form.] [++Hospitals 1, 2, 4, 10]</p>	
										<p>CARDIOVASCULAR SURGERY: Work-up, admission, history and physical examination, assessment, diagnosis, consultation, surgical and non-surgical treatment to correct or treat various conditions of the heart and related blood vessels. [Physicians desiring privileges for children < 24 months at Wolfson must complete the Pediatric Thoracic & Cardiovascular Surgery Privilege Form.]</p>	

■ 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.

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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 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 additional proof of training or experience.	APPR
										Contravis Microscope [++Hospitals 4, 7]	
										Computer Assisted Robotic Surgery [++Hospital 1, 4, 5, 6, 10]	
										Laryngoscopy [++Hospital 4, 5, 10]	
										Endovascular abdominal aortic stent graft [++Hospital 4, 5, 6, 10]	
										Impella Ventricular Assist Device [++Hospitals 1, 6]	
										Laser – Please list type(s): _____ [CO ₂ , GaAlAs, Holumium, KTP, nd:YAG] [++Hospitals 2, 3, 4, 5, 6 10]	
										Maze Procedures (mini-maze, Cryomaze, TT Maze, Thoracoscopic Maze) [++Hospitals 1, 5, 6]	
										Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 7, 9, 10]	
										Percutaneous Endoscopic Gastrostomy (PEG) [++Hospitals 4, 5, 10]	
										Peripheral Angioplasty [++Hospitals 4, 5, 6, 10]	
										Peripheral Arteriography/Angiography [++Hospitals 1, 4, 5, 6, 10]	
										Peripheral Stenting [++Hospitals 1, 4, 5, 6, 10]	
										Peripheral Vascular Surgery [++Hospitals 4, 5, 6, 10]	
										Transcatheter Aortic Valve Replacement (TAVR) [++Hospitals 1, 5, 6]	
										Thoracoscopic Epicardial Surgical Ablation for Atrial Fibrillation [++Hospitals 1, 6]	
										Transmyocardial Laser Revascularization [++Hospitals 1, 5, 6, 9]	

Acknowledgment 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:** _____

■ 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.