

# GENERAL VASCULAR 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/ 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
										Work-up, admission, consultation, assessment, history and physical examinations, diagnosis, 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 and skin grafts), and amputations.  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.	

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

1	2	3	4	5	6	7	8	9	10	VASCULAR SURGERY CORE PRIVILEGES	APPR
										Work-up, admission, assessment, history and physical examination, diagnosis, consultation, surgical and non-surgical treatment of the arterial, venous, and lymphatic systems, exclusive of the intracranial vessels and those vessels intrinsic to and immediately adjacent to the heart. <b>[++Hospitals 2, 3]</b>	

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
										Arteriography/venography (percutaneous) - <i>Abdominal, Thoracic (Non-Cardiac) And Peripheral</i> <b>[++Hospitals 4, 5, 6, 10]</b>	
										Angioplasty, thrombolysis and stent placement (percutaneous) - <i>Abdominal, Thoracic (Non-Cardiac) And Peripheral</i> <b>[++Hospitals 4, 5, 6, 10]</b>	
										Angioplasty, thrombolysis and stent placement (percutaneous) - Venous <b>[++Hospitals 4, 5, 6, 10]</b>	
										Colonoscopy <b>[++Hospitals 1, 4, 5, 10]</b>	
										Endovascular Surgery <b>[++Hospitals 1, 4, 5, 6, 9, 10]</b>	
										Insertion of pulmonary artery catheters (Swan-Ganz) <b>[++Hospitals 1, 2, 4, 5, 9, 10]</b>	
										Intraoperative Ultrasound <b>[++Hospitals 1, 9]</b>	
										Laser - CO <sub>2</sub> <b>[++Hospitals 1, 2, 5, 6, 7, 9]</b>	
										Laser - KTP <b>[++Hospitals 1, 5, 7]</b>	

- 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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1	2	3	4	5	6	7	8	9	10	<b>SPECIAL PROCEDURES</b> Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.	<b>APPR</b>
										Laser - nd:YAG [++Hospitals 1, 5, 6, 7]	
										Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 9, 10]	
										Operative Laparoscopy [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	
										Pacemaker Insertion [++Hospitals 2, 4, 5, 10]	
										Vascular Transcatheter Embolization Procedures [++Hospitals 4, 5, 6, 10]	

**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:* \_\_\_\_\_

■ 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.