

Privileges for: **Cardiovascular Surgery**

Request

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

- _____ Atrial Fibrillation Procedure
(ADDITIONAL REQUIREMENT: Recognized training program)
- _____ Transmyocardial Revascularization
(ADDITIONAL REQUIREMENT: Recognized training program)
- _____ Thoracic Endoaortic Graft Placement
(ADDITIONAL REQUIREMENT: Recognized training program)
- _____ Implantation of Bi-Ventricular pacemaker
(ADDITIONAL REQUIREMENT: Recognized training program)
- _____ Fluoroscopy
(ADDITIONAL REQUIREMENT: Radiation Safety certification required)
- _____ 2100nm TMR
(ADDITIONAL REQUIREMENT: Proof of Competency)
- _____ Holmium YAG
(ADDITIONAL REQUIREMENT: Proof of Competency)
- _____ daVinci Robotic use in cardiovascular procedures
(ADDITIONAL REQUIREMENT: Proof of Competency)

Applicants Signature: _____

Date: _____