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Applicant Name

**St. Elizabeth Healthcare**  
**Vascular Surgery**

**Minimum Requirements**

Degree required: MD or DO

**For post-3/2/09 Applicants:** For vascular surgeons who first apply for membership after 3/2/09, successful completion of ACGME or AOA approved post-graduate training program in vascular surgery

**Note:** Members who first apply for membership after March 2, 2009 must also be and remain (with a lapse of no longer than one year) board certified in vascular surgery, or become and remain (with a lapse of no longer than one year) board certified in vascular surgery within six years of completion of their post-graduate medical training. Certification by the Vascular Surgery Board of the American Board of Surgeons is the only board acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

**Privileges Requested**

**I. Core Privileges:** Core privileges in vascular surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. 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. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

<b><u>Request</u></b>	<b><u>Description of Privilege</u></b>
_____	Admit patients and perform histories and physicals
_____	Surgery of the arterial system (excluding the heart and intracranial vessels) including arterial repair; embolectomy and thrombectomy; direct/open repair of aneurysms; thromboendarterectomy; arterial bypass with autogenous or othergraft; intra-operative angiography, angioplasty, stenting, angioscopy, and thrombolytic therapy; arterial biopsy or excision; manipulation, exposure, or decompression of vascular structures
_____	Surgery of the venous system, including varicose vein surgery; interruption of inferior or superior vena cava (filter, ligation,

clipping); venous bypass; valve reconstruction; other excision or ligation of vein; venous thrombectomy; venous repair

\_\_\_\_\_ Vascular access, including dialysis access (catheters, grafts, fistulae); central venous access; Swan-Ganz catheterization; arterial line placement

\_\_\_\_\_ Amputations and fasciotomies– upper and lower extremity

\_\_\_\_\_ Sympathectomy – lumbar; cervical

\_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine *or* (b) current ACLS Certification *or* (c) satisfactory completion of the ASA Moderate Sedation course).

**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.

<u>Request</u>	<u>Description of Privilege</u>	<u>Additional Requirements</u>
	A. Diagnostic Angiography	
_____	1. Peripheral	100 procedures, 50 as primary operator
_____	2. Carotid	50 procedures, 25 as primary operator
	B. Endovascular Interventions	
_____	1. Peripheral	50 procedures, 25 as primary operator
_____	2. Carotid	50 procedures, 10 involving carotid artery, plus industry certification
_____	3. Endovascular stent graft aneurysm repair	Five endovascular stent

(EVAR, TEVAR)

graft procedures via

- a. Prior practice at the Hospital
- b. Under supervision of a privileged endovascular stent graft surgeon
- c. An approved training program
- d. Practice at another acute care hospital

- \_\_\_\_\_ C. Therapeutic carotid interventions
- \_\_\_\_\_ D. Fluoroscopy
- \_\_\_\_\_ E. Laser

Radiation Safety certification required.

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Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Chair, Section of \_\_\_\_\_

Date:

Remarks: