

Loma Linda University Medical Center  
Heart & Surgical Hospital – Vascular Center  
Privilege Form For  
**PERIPHERAL ENDOVASCULAR INTERVENTIONAL CARDIOLOGISTS**

Name: \_\_\_\_\_ Specialty \_\_\_\_\_

MARK IF REQUES TED	CODE	Description of Services Excluded from the Radiology Exclusive Contract at Loma Linda University Medical Center Heart & Surgical Hospital	ACTION
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*Peripheral Vascular Interventional procedural privileges for appropriately trained and credentialed Interventional Cardiologists with Board Certification in Internal Medicine with additional fellowship training and Certification in Cardiovascular Diseases/Interventional Cardiology.*

CATEGORY	QUALIFICATIONS
Endovascular Procedures for Interventional Cardiologists	<p>Current certification or active participation in the examination process leading to certification by the American Board of Internal Medicine with additional fellowship training and Certification in Cardiovascular Diseases/Interventional Cardiology Surgery; <b>or</b></p> <p>Successful completion of an ACGME/AOA accredited residency program in Internal Medicine with additional fellowship training and Certification in Cardiovascular Diseases/Interventional Cardiology. Extensive demonstrated endovascular catheter training and/or demonstrated case experience as described in the Loma Linda University Heart and Surgical Hospital Vascular Center credentialing document attached hereto as Exhibit "A".</p> <p style="text-align: center;">PROCTORING:</p> <p>Proctoring shall be conducted in accordance with the LLUMC Medical Staff Bylaws.</p>

Requested	Not Requested		Approved	Conditions	Denied
		<p><b>CATEGORY I – Privilege to perform peripheral (non-cardiac, non-cervical/cerebral) angiography</b></p> <ul style="list-style-type: none"> <li>• Such as aortoiliofemoral and upper extremity arteriograms, venous access, venograms.</li> </ul>			
		<p><b>CATEGORY II – Privilege to perform cervical peripheral angiography</b></p> <ul style="list-style-type: none"> <li>• Such as carotid/vertebral angiography</li> </ul>			
		<p><b>CATEGORY III – Privilege to perform peripheral endovascular interventional procedures</b></p> <ul style="list-style-type: none"> <li>• Such as peripheral (non-carotid, nonvertebral) angioplasty, vascular stenting and thrombolysis.</li> </ul>			

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		<p><b>CATEGORY IV – Privilege to perform visceral and renal angiography and endovascular interventional procedures</b></p> <ul style="list-style-type: none"> <li>• Such as visceral vascular angioplasty, stenting, thrombolysis and embolization.</li> </ul>		
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**Acknowledgment of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and** I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (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 the Medical Staff Bylaws.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\* For Hospital Use Only \*\*\*\***

**Conditions/Modifications:**

The requested clinical privileges have been recommended with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
<b>Code</b>	<b>Explanation:</b>	

Recommended by:

\_\_\_\_\_  
Chief of Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Staff Executive Committee Chair

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Governing Board Officer

\_\_\_\_\_  
Date