

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

Name: _____ Specialty: _____

| MARK IF REQUESTED | CODE | Description of Services Excluded from the Radiology Exclusive Contract at Loma Linda University Heart & Surgical Hospital | ACTION | | |
|--|---------------|---|----------|------------|--------|
| <i>Peripheral Vascular Interventional procedural privileges for appropriately trained and credentialed Radiologists with Board Certification in Radiology.</i> | | | | | |
| CATEGORY | | QUALIFICATIONS | | | |
| Endovascular Procedures for Radiologists | | <p>Current certification or active participation in the examination process leading to certification by the American Board of Radiology or its equivalent; or</p> <p>Successful completion of an ACGME/AOA accredited residency program in Radiology. 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>PROCTORING: Proctoring shall be conducted in accordance with the LLUMC Medical Staff Bylaws.</p> | | | |
| Requested | Not Requested | | Approved | Conditions | Denied |
| | | CATEGORY I – Privilege to perform peripheral (non-cardiac, non-cervical/cerebral) angiography <ul style="list-style-type: none"> • Such as aortoiliiofemoral and upper extremity arteriograms, venous access, venograms. | | | |
| | | CATEGORY II – Privilege to perform cervical peripheral angiography <ul style="list-style-type: none"> • Such as carotid/vertebral angiography | | | |
| | | CATEGORY III – Privilege to perform peripheral endovascular interventional procedures <ul style="list-style-type: none"> • Such as peripheral (non-carotid, nonvertebral) angioplasty, vascular stenting and thrombolysis. | | | |
| | | CATEGORY IV – Privilege to perform visceral and renal angiography and endovascular interventional procedures <ul style="list-style-type: none"> • Such as visceral vascular angioplasty, stenting, thrombolysis and embolization. | | | |

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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.

Signed: _____ Date: _____

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

Conditions/Modifications:

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

| Code | Privilege | Condition/Modification |
|------|--------------|------------------------|
| | | |
| | | |
| | | |
| Code | Explanation: | |
| | | |
| | | |

Recommended by:

Chief of Service

Date

Credentials Committee Chair

Date

Medical Staff Executive Committee Chair

Date

Approved by:

Governing Board Officer

Date