SPECIALTY OF CARDIOLOGY
Delineation of Clinical Privileges

Criteria for granting privileges: Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Cardiology.
Or
Current board certification in Pediatrics by the American Board of Pediatrics and subspecialty certification in Cardiology.
Or
Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Internal Medicine or Pediatrics and completion of an accredited ACGME or AOA accredited post-graduate training program in Cardiology and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH
In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges.
Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)
- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants
- If applying directly from training, or based on the training received in a formal training program, provider should submit case logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
o Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

o Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.

- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:

  o Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

  o Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

  o Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.
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<td><strong>Cardiology Core</strong></td>
<td>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Cardiology OR Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and completion of an ACGME or AOA accredited post-graduate training program in Cardiology and board certification within 5 years of completion.</td>
<td>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 5 Cases</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
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<td><strong>Cardiology Pediatric Core</strong></td>
<td>Current board certification in Pediatrics by the American Board of Pediatrics and subspecialty certification in Cardiology OR Successful completion of an ACGME accredited post-graduate training program in Pediatrics and completion of an ACGME accredited post-graduate training program in Cardiology and board certification within 5 years of completion.</td>
<td>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First five patients being evaluated for heart disease</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
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<td>Invasive Cardiology Core</td>
<td>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 5 Cardiac Cath cases; Pediatric: 100% of charts and angiograms reviewed in first 3 months</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
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<td>Invasive Pediatric/ Congenital Cardiology Core</td>
<td>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Case logs showing 50 cases over previous two years of procedures representative of congenital cardiology.</td>
<td>First 5 invasive Cases</td>
<td>25 cases every two years.</td>
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<td>Clinical Pediatric/ Congenital Cardiac Electrophysiology Core</td>
<td>Completion of an additional one year program in congenital electrophysiology cardiology</td>
<td>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Case log showing 50 EP/RF cases over previous two years and 20 permanent pacemaker and/or ICD cases.</td>
<td>First 5 EP and RF cases; first 3 pacemakers/ICDs</td>
<td>25 EP/RF cases every two years; 10 PM/ICD cases every two years</td>
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<td>Interventional Cardiology Core</td>
<td>Completion of an additional one year program in interventional cardiology. A. For applicants who completed subspecialty training after January 1, 1995 requires program in</td>
<td>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an</td>
<td>First 5 PTCA cases</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</td>
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<td>Interventional Pediatric/Congenital Cardiology Core</td>
<td>Completion of an additional one year program in congenital interventional cardiology</td>
<td>explanation.</td>
<td>Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
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<td>Adult Congenital Heart Disease Core</td>
<td>Current board certification in Cardiology by the American Board of Internal Medicine OR current board certification in Pediatric Cardiology by the American Board of Pediatrics AND subspecialty certification in ACHD via one of the following pathways: 1. Until 2019, the applicant who is currently board certified in either Cardiology or Pediatric Cardiology may apply to sit for the ACHD subspecialty board exam if approved by the ABIM.</td>
<td>Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 5 patients</td>
<td>Case log documenting 25 cases within the previous 24 months.</td>
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| OR | 2. After 2019, an applicant must complete an additional fellowship in ACHD at an approved ACGME program in order to sit for the ACHD subspecialty board exam. | If interventional Cardiology Fellowship was completed in the last 12 months provide:  
- Case log of 300 diagnostic coronary angiograms with 200 as primary operator  
- Case log of 100 diagnostic peripheral angiograms with 50 as the primary operator  
- Case log of 50 peripheral interventional cases with 25 as the primary operator  
OR  
If applying with current experience, provide:  
- Case log of 25 peripheral interventional procedures in the past 12 months | First 5 cases | Case log documenting 25 procedures within the previous 24 months. |
| Peripheral Interventional Procedures | Must maintain current Cardiology and Interventional Cardiology Core privileges. | Case log documenting the performance of at least 150 intracardiac procedures, 50 primary permanent pacemaker implantations, 20 pacemaker system revisions or replacements, 100 pacemaker follow up visits, 25 primary ICD implantations, 10 ICD revisions or replacements, and a minimum of 50 ICD follow up visits Case log documenting 100 procedures within the previous 24 months | First 5 AICD cases, and first 5 RFA cases | Case log documenting 300 intracardiac procedures over the reappointment cycle including 10 ICD and CRT procedures per year and 40 patients in follow up. |
| Clinical Cardiac Electrophysiology Core | Must maintain both Cardiology and Invasive Cardiology Core privileges.  
Documentation of successful completion of an accredited training program in CCEP. | Case log documenting 30 successful ablations for AF during fellowship.  
If not trained during fellowship, current practicing electrophysiologists who were not trained during fellowship should provide documentation of special training | First 5 procedures | Case log documenting 10 successful AF ablations annually. |
| AF Ablation | Must maintain CCEP Core privileges.  
Demonstrate completion of training in the difference in technique of AF Ablations.  
If fellowship training included AF Ablations, demonstrate competency by training director recommendation.  
If not trained during fellowship, current practicing electrophysiologists who were not trained during fellowship should provide documentation of special training | Case log documenting 30 successful ablations for AF during fellowship.  
If not trained during fellowship, current practicing electrophysiologists will provide 5 concurrently proctored AF ablations with successful outcomes. | | |
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<td>course in AF ablations.</td>
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<td>Certificate validating successful completion of Watchman training program</td>
<td>First 5 procedures</td>
<td>Case log documenting 12 LAAC (Watchman) placements performed within the past 24 months.</td>
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<td>Or Observation/preceptee of 5 AF ablation cases.</td>
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<td>Left Atrial Appendage Closure (LAAC) Device Placement (Watchman)</td>
<td>Maintain current clinical privileges in Clinical Cardiac Electrophysiology Core or Interventional Cardiology Core, And Successful completion of didactic and laboratory training in LAA Closure device as part of the structured Watchman training program and documented by a certificate of completion from Boston Scientific.</td>
<td>Case log documenting 25 interventional cardiology procedures involving transeptal puncture through an intact septum with at least 10 of the 25 procedures being performed within the most recent 12 months. And Two (2) successfully proctored cases as evidenced by proctor evaluation forms OR Case log documenting performance of 25 interventional cardiology procedures that involve transeptal puncture through an intact septum, 12 of which were LAAC placements performed within the past 24 months.</td>
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<td>CCTA</td>
<td>CBCCT Board Certification and documentation of continuing education: 6 hours category I CME relevant to CCTA in the previous two year period. Or Completion of a SCCT sponsored or endorsed Level 2 or Level 3 CCT (CCTA) training course with documentation or letter from course director. Or Completion of an ACGME or AOA approved postgraduate training program in Cardiology that included cardiac CT angiography including education in cardiac anatomy, physiology, pathology and cardiac CT imaging for a time equivalent to at least 20 hours of CME</td>
<td>If CBCCT Board Certified, submission of a case log documenting 20 contrast CCT exams interpreted within the previous 24 months, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file. Or If completing a SCCT sponsored or endorsed Level 2 or Level 3 CCT (CCTA) training course, submission of a case log documenting 50 contrast CCT exams interpreted during training, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file. Or If completing an ACGME or AOA approved postgraduate training program in</td>
<td>First 5 cases</td>
<td>Case log documenting 20 contrast CCT exams interpreted within the previous 24 months, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file. Documentation of continuing education: 6 hours category I CME relevant to CCTA per 2 year period.</td>
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<td>Cardiology that included cardiac CT angiography documentation indicating interpretation, reporting, and or supervised review of at least 150 cardiac CT examinations (in which 50 cases the physician is physically involved in the acquisition and interpretation of the case) excluding coronary artery calcium scanning</td>
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<td>First 5 cases</td>
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<td>Case log documenting the performance of at least 24 cases over the previous 24 months</td>
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<td>Leadless Pacemaker</td>
<td>Maintain Clinical Cardiac Electrophysiology Core privileges</td>
<td>Certificate validating successful completion of Medtronic Implantation didactic and hands-on procedural training program</td>
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<td>Laser Lead Extraction</td>
<td>Maintain Clinical Cardiac Electrophysiology Core privileges</td>
<td>If CCEP Fellowship was completed in the last 12 months, provide a case log of 30 lead extractions as primary operator under the direct supervision of a qualified physician.</td>
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<td>If fellowship training included laser lead extractions, provide training director recommendation.</td>
<td>Or If applying as an initial applicant with laser lead extraction experience at an external facility, provide a case log of 20 cases in the previous 12 months.</td>
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<td>Or If not trained in laser lead extraction during fellowship, provide certificate documenting completion of didactic and laboratory training course in laser lead extraction.</td>
<td>Or If the applicant cannot provide the number of cases from fellowship or current practice as indicated above, five (5) successfully proctored cases as evidenced by proctor evaluation forms.</td>
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<td>If CCEP Fellowship was completed in the last 12 months, provide a case log of 30 lead extractions as primary operator under the direct supervision of a qualified physician.</td>
<td>Or If applying as an initial applicant with laser lead extraction experience at an external facility, provide a case log of 20 cases in the previous 12 months.</td>
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<td>Or If not trained in laser lead extraction during fellowship, provide certificate documenting completion of didactic and laboratory training course in laser lead extraction.</td>
<td>Or If the applicant cannot provide the number of cases from fellowship or current practice as indicated above, five (5) successfully proctored cases as evidenced by proctor evaluation forms.</td>
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<td>Nuclear Cardiology</td>
<td>Certification by the Certification Board of Nuclear Cardiology (CBNC), and a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing.</td>
<td>If, certified by the CBNC, and if more than two years from certification, case logs documenting at least 100 nuclear cardiology cases within the previous 24 months</td>
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<td>Or, Currently privileged at an ICANL (Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories) accredited laboratory and a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing.</td>
<td>Or, If currently privileged at an ICANL accredited laboratory, case logs documenting at least 100 nuclear cardiology cases within the previous 24 months</td>
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<td>Or If limited access to read Nuclear Cardiology studies prevented previous maintenance of the privilege, the</td>
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Board approved: March, 2011
Revised: 10/19/11, 6/17/13, 1/15/14, 4/16/14, 8/17/16, 12/20/17, 1/25/18, 2/21/18, 7/18/18, 8/15/18, 9/19/18, 1017/18, 12/19/18, 2/20/19, 5/15/19, 7/17/19, 8/21/19, 9/18/19, 11/20/19
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<td>Or, Completion of an ACGME or AOA approved postgraduate training program in Cardiology and an approved fellowship in Nuclear Cardiology, with a letter from the training director (if within 5 years of training), and if not coming directly from training, a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing. <strong>Or,</strong> If the applicant did not complete a fellowship program in Nuclear Cardiology, must demonstrate training and/or experience that is equivalent to the training in a formal program, such as completion of a minimum of a four month formal training program in Nuclear Cardiology (level 2 training in nuclear cardiology) according to the 2006 ACC/ASNC COCATS (American College of Cardiology/American Society of Nuclear Cardiology, Certification Board of Cardiovascular Computer Tomography) training guidelines, with a letter from the training director (if within 5 years of training), and if not coming directly from training, a letter of recommendation from the medical director of the laboratory at the institution where applicant was trained and/or has been most recently practicing. <strong>Or,</strong> If training was completed prior to 1995, 10 years of Nuclear Cardiology practice with independent interpretation of at least 800 Nuclear Cardiology studies within the past 10 years of which 200 cases must have been interpreted in the past two years. Applicant must meet the safety requirements and be listed on the state nuclear usage license for the facility.</td>
<td>applicant may request the privilege and perform 20 successfully proctored study interpretations. <strong>Or,</strong> If completing an ACGME or AOA approved postgraduate training program in Cardiology and an approved fellowship in Nuclear Cardiology, case logs documenting at least 100 nuclear cardiology cases within the previous 24 months. <strong>Or,</strong> If the applicant did not complete a fellowship program in Nuclear Cardiology case logs documenting at least 100 nuclear cardiology cases within the previous 24 months. <strong>Special Circumstance for Initial applicants who recently completed 1 or 2 contiguous years of additional cardiology training beyond general cardiology fellowship:</strong> Applicants must meet all criteria required for initial applicant whose general cardiology training was completed &lt; 2 years prior to the time of application. -If the applicant performed at least 100 Nuclear Cardiology studies during general cardiology fellowship, but cannot document 100 over the course of the last 3 years prior to application, he/she is eligible for proctored Nuclear Cardiology credentialing. A cardiologist who has Nuclear Cardiology privileges and the applicant will be responsible for documenting the successfully proctored performance of at least 20 Nuclear Cardiology studies prior to the granting of unrestricted Nuclear Cardiology privileges. At the Cardiology Department Chair’s discretion, additional mentored studies may be required.</td>
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<td>Permanent Pacemaker</td>
<td>For those cardiology trainees who elect to obtain proficiency in the surgical aspects of transvenous bradycardia device implantation (pacemakers), previous or concurrent Level 2 training is required. The pacemaker implantation training includes developing expertise in permanent atrial and ventricular lead placement, threshold testing and programming of devices, principles of surgical asepsis, surgical techniques of implantation and management of implant-related complications. Individuals receiving qualifying training in pacemaker implantation are required to participate as the primary operator (under direct supervision) in at least 50 primary implantations of transvenous pacemakers and 20 pacemaker system revisions or replacements. At least half of the implantations involve dual chamber pacemakers. The trainee also participates in the follow-up of at least 100 pacemaker patient visits and is expected to acquire proficiency in advanced pacemaker electrocardiography, interrogation and programming of complex pacemakers. Level 2 training (6 months) with the option of training in pacemaker implantation (6 months) requires a total of one year of advanced training beyond the cardiology core Level 1. This may be obtained within a 3 year cardiology program in if one of the 3 years is dedicated to acquiring pacemaker implantation skills plus related management and follow up skills. This training does not meet the ABIM requirements for</td>
<td>Case log documenting 50 primary implantations of transvenous pacemakers and 20 pacemaker system revisions or replacements. At least half of the implantations should involve dual chamber pacemakers.</td>
<td>First 5 cases</td>
<td>Case log documenting 20 procedures within the previous 24 months</td>
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Or,
If training was completed prior to 1995, 10 case logs documenting independent interpretation of at least 800 Nuclear Cardiology studies within the past 10 years of which 200 cases must have been interpreted in the past two years.
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| **Stress Echo (Dobutamine Stress Echo and Treadmill Echo) “For Adult Cardiology Practitioners”** | Must currently have or be concurrently applying for Trans Thoracic Echocardiogram privilege  
**AND**  
If cardiology training was completed less than 2 years prior to the time of application for the privilege:  
A letter from the cardiology training program director or echocardiography lab director documenting successful performance and interpretation of at least 100 stress echocardiograms must be provided.  
**OR**  
If cardiology training was completed 2 or more years prior to the time of application for privileges:  
A letter from the director of echocardiography at a current or previous echocardiography laboratory attesting to the applicant’s successful performance and interpretation of at least 50 studies over the previous 2 years. | Must currently have or be concurrently applying for Trans Thoracic Echocardiogram  
**AND**  
If cardiology training was completed less than 2 years prior to the time of application for the privilege:  
Case log or hard copy reports of performance and interpretation of 100 stress echocardiograms.  
**OR**  
If cardiology training was completed 2 or more years prior to the time of application for privileges:  
Case log or hard copy reports of performance and interpretation of 50 Stress Echocardiograms | First 5 cases | Case log of at least 50 stress echocardiograms over the past 24 months.  
**AND**  
Maintain TTE privileges |
| **Trans Thoracic Echocardiogram (TTE) “for Adult Cardiology Practitioners”** | If cardiology fellowship training was completed < 2 years prior to application for the privilege:  
**Either**  
A letter from the fellowship program director or echocardiography lab director documenting satisfactory completion of a minimum of 6 months of COCATS level 2 echocardiography training during fellowship is obtained  
**Or**  
National Board of Echocardiography (NBE) certification in TTE  
**OR**  
If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation:  
**Either**  
Case log or hard copy report of at least 300 TTE interpretations over the previous 24 months | If cardiology fellowship training was completed < 2 years prior to application for the privilege:  
Case log or hard copy report of at least 300 successfully mentored TTE interpretations during training  
**OR**  
If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation:  
Case log or hard copy report of at least 300 TTE interpretations over the previous 24 months | First 3 cases | Case log of at least 300 TTE interpretations over the past 24 months  
In adult MLH echo laboratories that have achieved IAC accreditation, physicians who interpret more than 10 studies per year performed in that laboratory, are required to meet the minimum annual attendance requirements for IAC quality meetings. |
<table>
<thead>
<tr>
<th>Specialty/Procedure</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEE</strong> Trans Esophageal Echocardiogram (TEE) “For Adult Cardiology Practitioners”</td>
<td>Must currently have or be concurrently applying for Trans Thoracic Echocardiogram privilege <strong>AND</strong> If cardiology fellowship training was completed &lt; 2 years prior to application for the privilege: Either A letter from the fellowship program director or echocardiography lab director documenting satisfactory completion of COCATS level 2 echocardiography training during fellowship was obtained that also included at least 50 successfully mentored TEE’s. OR National Board of Echocardiography (NBE) certification in TEE (testamur status is insufficient). <strong>OR</strong> If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation: Either A letter from the facility’s director of echocardiography attesting to the successful interpretation of at least 50 studies during the previous 24 months. OR A case log or hard copy report of 50 TEE’s within the previous 24 months prior to application.</td>
<td>Concurrent request for TTE privileges <strong>AND</strong> If cardiology fellowship training was completed &lt; 2 years prior to application for the privilege: Case log or hard copy report of 50 successfully mentored TEEs during training. <strong>OR</strong> If cardiology fellowship training was completed 2 or more years prior to application for the privilege and the physician has been performing the procedure/interpretation: Case log or hard copy report of 50 TEEs within the previous 24 months. Special Circumstance Exemption: Initial applicants who recently completed 1 or 2 contiguous years of additional cardiology training beyond general cardiology fellowship are eligible for special circumstance credentialing criteria: - Applicants must meet all criteria required for initial applicant whose general cardiology training was completed &lt; 2 years prior to the time of application. - If the applicant performed at least 50 TEE’s during general cardiology fellowship, but cannot document 50 over the course of the last 3 years prior to their application, they are eligible for mentored TEE credentialing. - The medical director of the laboratory or their designee and the applicant will be responsible for documenting the mentored performance of at least 10 TEE prior to the granting of unrestricted TEE privileges. At first 3 cases OR 10 mentored studies at medical director discretion for those applying under special circumstance.</td>
<td>Case log documenting 50 procedures within the previous 24 months <strong>AND</strong> Maintain TTE privileges</td>
<td></td>
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<tr>
<td>Specialty/Procedure Delineation of Privilege Form</td>
<td>Education/Training Documentation for Initial Granting</td>
<td>Initial Application (Proof of current clinical competence)</td>
<td>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</td>
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<tr>
<td><strong>Cardiac MR</strong></td>
<td>If CMR training was completed &lt; 2 years prior to application for privileges: A letter from the fellowship program director or MRI lab director documenting satisfactory completion of Level 2 or level 3 COCATS 4 cardiac MRI training is obtained. <strong>OR</strong></td>
<td>If CMR training was completed &lt; 2 years prior to application for privileges: Case log or hard copy report documentation of at least 150 mentored CMR interpretations (mentor must have been a level 2 or 3 qualified CMR physician) and documentation of involvement in the performance of at least 50 CMR studies. <strong>OR</strong></td>
<td>First 5 cases.</td>
<td>Case log of at least 30 CMR studies over the past 24 months. AND A minimum of 15 CME hours specific to cardiac MR every 2 years</td>
</tr>
</tbody>
</table>
| **Percutaneous Mitral Valve Device-based Repair** | Maintain current clinical privileges in Interventional Cardiology **AND** For applicants who have MLH privileges as of 8/15/2018: EITHER Documentation of successful completion of a one year Structural Heart fellowship OR Letter from training director that percutaneous mitral valve device-based repair training was included in the Interventional Cardiology fellowship program **OR** If percutaneous mitral valve device-based repair training was completed < 2 years prior to application for privileges: Case log of interpretation of at least 30 CMR studies performed in the previous 24 months. **OR** Certificate validating successful completion of percutaneous mitral valve device-based repair training program **AND** Five (5) successfully proctored cases as evidenced by proctor evaluation forms | If applicant is experienced in percutaneous mitral valve device-based repair: Provide a case log of 6 cases performed in the past 12 months. **OR** | First 5 cases | Case log of at least 12 cases of percutaneous mitral valve device-based repair in the past 24 months.
<table>
<thead>
<tr>
<th>Specialty/Procedure</th>
<th>Education/Training</th>
<th>Initial Application</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>Delineation of Privilege Form</strong></td>
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<tr>
<td><strong>Specialty</strong></td>
<td><strong>Procedure</strong></td>
<td><strong>Documentation for Initial Granting</strong></td>
<td><strong>(Proof of current clinical competence)</strong></td>
<td><strong>(To be completed within one year)</strong></td>
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<tr>
<td><strong>Structural Heart Core</strong></td>
<td>Maintain current clinical privileges in Interventional Cardiology <strong>AND</strong> Documentation of successful completion of a one year Structural Heart fellowship</td>
<td>Case log of:  - 15 valvuloplasties - any combination of mitral, aortic, pulmonary and tricuspid,  - 15 percutaneous valve replacements – any combination of aortic, mitral, and tricuspid valves (specifically excluding pulmonary and TAVR),  - 5 ASD, PFO, PDA, AVM or VSD closures OR documentation of successful completion of a Congenital heart fellowship</td>
<td>Total of five cases to include:  - first 2 valvuloplasties,  - first 2 percutaneous valve replacements  - first ASD, PFO, PDA, AVM or VSD closure.</td>
<td>Case log of 10 valvuloplasties and percutaneous valve replacements (any combination) within the previous 24 months</td>
</tr>
<tr>
<td><strong>Chemical or electrical ablation for structural heart disease</strong> (Structural Heart Core only)</td>
<td>Maintain current clinical Structural Heart privileges</td>
<td>Case log of 10 chemical or electrical ablations for structural heart disease</td>
<td>First 3 chemical or electrical ablations for structural heart disease</td>
<td>Case log of 2 chemical or electrical ablations for structural heart disease within the previous 24 months</td>
</tr>
<tr>
<td><strong>Paravalvar leak closure</strong> (Structural Heart Core only)</td>
<td>Maintain current clinical Structural Heart privileges</td>
<td>Case log of 5 paravalvar leak closures</td>
<td>First 3 cases</td>
<td>Case log of 5 paravalvar leak closures within the previous 24 months</td>
</tr>
<tr>
<td><strong>Carotid filter placement prior to TAVR procedure</strong> (Structural Heart Core only)</td>
<td>Maintain current clinical Advanced Aortic Trans Catheter Valve Placement privileges and Structural Heart privileges <strong>AND</strong> Validation of successful completion of training program as documented by a Certificate of Completion from Edwards LifeSciences or other carotid filter vendor.</td>
<td>Case log of 2 successful carotid filter placements OR 2 successfully proctored cases as evidenced by proctor evaluation forms</td>
<td>First 2 cases</td>
<td>Case log of 2 carotid filter placements within the previous 24 months.</td>
</tr>
<tr>
<td><strong>Percutaneous Pulmonary valve replacement</strong> (Structural Heart Core only)</td>
<td>Maintain current clinical Structural Heart privileges</td>
<td>Case log of 5 successful percutaneous pulmonary valve replacements</td>
<td>First 2 cases</td>
<td>Case log of 5 percutaneous pulmonary valve replacements within the previous 24 months.</td>
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</tbody>
</table>

Based repair training was not part of Interventional Cardiology fellowship program, then successful completion of an acceptable training program as evidenced by Certificate of Completion.

**For applicants who are granted MLH privileges after 8/15/2018:**
Documentation of successful completion of a one year Structural Heart fellowship.
<table>
<thead>
<tr>
<th>Specialty/Procedure Crown Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Impella Percutaneous Cardiac Support System for Right Heart support (Structural Heart Core only)</td>
<td>Maintain current clinical Structural Heart privileges</td>
<td>Case log of 2 successful insertions of Impella for right heart support.</td>
<td>First 2 cases</td>
<td>Case log of 2 insertions of Impella for right heart support within the previous 24 months</td>
</tr>
<tr>
<td>Robotic Surgery – available only to Interventional Cardiologists having privileges for ages 13 years and above</td>
<td>Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery</td>
<td>Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon</td>
<td>First 5 cases</td>
<td>Case log documenting the performance of at least 10 procedures over the previous 24 months</td>
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<tr>
<td></td>
<td>OR</td>
<td>Applicant without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training</td>
<td>OR</td>
<td>Applicant without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.</td>
</tr>
</tbody>
</table>
Cardiology Core Privilege: Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above presenting with diseases of the heart, lungs, and blood vessels and manage complex cardiac conditions such as heart attacks, and life threatening abnormal heartbeat rhythms. Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:
- Internal Medicine Core
- Cardioversion
- Insertion and management of pulmonary artery catheters
- Pericardiocentesis
- Holter monitor interpretation
- Arterial line placement
- Chest tube placement
- Infusion and management of (GP) glycoprotein iib/iia inhibitor
- Intravenous thrombolytic therapy
- Loop Recorder Implantation
- EKG-treadmill stress test supervision and interpretation
- Tilt Table Testing

Note: The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

Cardiology Pediatric Core Privilege: Admit, evaluate, diagnose, treat and provide comprehensive care to newborns, infants, children and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels.

Access, stabilize and determine disposition of congenital heart patients with emergency conditions.

Privileges include but are not limited to:
- Pediatric Core
- Electrocardiography interpretation
- Echocardiography interpretation
- Cardioversion and transcutaneous cardiac pacing
- Cardiac monitoring interpretation
- Exercise testing supervision and interpretation
- Cardiac stress and autonomic (including tilt-table) testing
- Care of critically ill children with congenital and acquired cardiovascular disease in the special care units

Additional Core Privileges:
The physician requesting an additional core privilege must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.
Invasive Cardiology Core Privilege: Privileges include but are not limited to:

- Cardiology Core
- Angiographic injections and interpretation
- Cardiac catheterization – Left and right heart catheterization
- Exercise right heart cath
- Coronary and ventricular angiography
- Graft angiography
- Peripheral angiography
- Intra-aortic balloon pump insertion
- Pericardiocentesis
- Temporary transvenous pacemaker insertion
- Myocardial biopsies

Invasive Pediatric/Congenital Cardiology Core Privilege

Privileges include but are not limited to:

- Pediatric Cardiology Core
- Pericardiocentesis
- Balloon atrioseptostomy
- Diagnostic heart catheterization including angiography
- Central venous line placement
- Myocardial biopsy
- Temporary pacing lead insertion and pacing
- Pulmonary angiography

Interventional Cardiology Core Privilege: Admit, evaluate, treat and provide consultation to patients of all ages except as specifically excluded from practice with acute and chronic coronary artery disease, acute coronary syndromes and valvular heart disease including the provision of consultation, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease and technical procedures and medications to treat abnormalities that impair the function of the heart. Care of patients in the cardiac care units, emergency department or other intensive care units.

Note: The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

- Cardiology Core
- Invasive Cardiology Core
- Angiojet thrombectomy
- Atherectomy (Rotablator and Directional Cutting) for coronary arteries or grafts.
- Brachytherapy
- EkoSonic System (EKOS)
- Percusurg thrombectomy
- PTCA
- Stent implant
- Valvuloplasty
- IVUS (intravascular ultrasound)

**Impella® Percutaneous Cardiac Support System:** Device is to be used in accordance with the following patient selection criteria:
- Elective use in high risk PCI cases
- Emergent use in AMI, STEMI, viral myocarditis and cardiogenic shock patient
- Chronic heart disease class III & IV

*All cases will be retrospectively reviewed*

**Interventional Pediatric/Congenital Cardiology Core Privilege:** Admit, evaluate, treat, and provide consultation to patients of all ages except as specifically excluded from practice with congenital and acquired heart disease, including the care of patients in cardiac care units, emergency departments, and other intensive care units.

**Note:** The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills including transcatheter and hybrid procedures.
- Pediatric Cardiology Core
- Invasive Cardiology Core
- Device closure of intracardiac defects
- Balloon valvuloplasty
- Balloon angioplasty
- Endovascular stent implantation
- Percutaneous pulmonary valve implantation
- Device closure of abnormal blood vessels
- Intracardiac echocardiography

**Peripheral Interventional Core Privilege:** Includes: Silverhawk Atherectomy Catheter, Spectranetics Turbo Catheter, and Diamondback Catheter, IVC Filter placement

**Clinical Cardiac Electrophysiology Core Privilege:** Admit, evaluate, treat and provide consultation to acute and chronically ill patients, with a variety of heart rhythm disorders; including but not limited to sinus node dysfunction, atrioventricular (AV) and intraventricular block, and supraventricular and ventricular tachyarrhythmias; clinical conditions of unexplained syncope, aborted sudden cardiac death, palpitations, Wolff-Parkinson-White (WRW) syndrome, and long QT syndrome, care of patients in the cardiac care unit, emergency room, intensive care or other invasive settings; before and after an electrophysiologic procedure; with temporary and permanent pacemakers; with postoperative arrhythmias and care of patients with ICDs
**Note:** The core privileges in this specialty include the procedures listed below

- Internal Medicine Core
- Cardiology Core
- Invasive Cardiology Core
- Signal average ECG
- Ablations, transcatheter radiofrequency (SVT, VT, AVN)
- AICD/PCD implantation
- Diagnostic electrophysiology studies
- Implantation of left ventricular leads
- ICE - Intracardiac Echocardiography
- Intraoperative ICD testing
- Intraoperative mapping
- Permanent pacemaker insertion
- Tilt table testing
- Cryoablation
- Impella® Percutaneous Cardiac Support System: Device is to be used in accordance with the following patient selection criteria:
  - Elective use in high risk PCI cases
  - Emergent use in viral myocarditis and cardiogenic shock patient
  - Chronic heart disease class III & IV

All cases will be retrospectively reviewed

**Clinical Pediatric/Congenital Cardiac Electrophysiology Core Privilege:**

Admit, evaluate, treat, and provide consultation to pediatric patients and congenital heart disease patients with heart rhythm disorders in the cardiac care unit, emergency room, intensive care or other invasive settings, before or after an electrophysiologic procedure and care of patients with cardiovascular implantable electronic devices (CIEDs: permanent pacemakers, ICDs, ILRs, etc).

**Note:** the core privileges in this specialty include the procedures below:

- Pediatric Core
- Pediatric Cardiology Core
- Pediatric/Congenital Invasive Cardiology Core
- Diagnostic electrophysiology studies, intracardiac and esophageal
- Transcatheter radiofrequency and cryoablations
- Intraoperative mapping
- CIED insertion, revision, and management
- Intraoperative mapping

**Adult Congenital Heart Disease Core Privilege:**

Admit, evaluate, diagnose, treat, and provide comprehensive care to adolescents and adults presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels.
Assess, stabilize, and determine disposition of congenital heart patients with emergency conditions.

Privileges include but are not limited to:
- Cardiology core or Pediatric Cardiology core
- Electrocardiography interpretation
- Echocardiography interpretation
- Cardioversion
- Care of critically ill patients with congenital and acquired heart disease in the special care units
- Cardiac monitoring interpretation
- Exercise testing supervision and interpretation

Structural Heart Core Privilege:
Admit, evaluate, diagnose, treat, and provide comprehensive care to adolescents and adults presenting with structural heart conditions. Assess, stabilize, and determine disposition of structural heart patients with emergency conditions.

Note: The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills:
- Valvuloplasty (Mitral, aortic, pulmonary, and tricuspid)
- Percutaneous valve replacement - aortic, mitral, tricuspid-excluding TAVR and Pulmonary valves
- Transcaval access and closure
- Caval valve implantation
- Use of ICE catheter
- ASD, PFO, PDA, AVM and VSD closures
- Pericardial interventions

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

CCTA: Privilege includes all aspects of examination performance and interpretation. This includes but is not limited to: scanning parameters, reconstructed images, beta blocker administration, nitroglycerine administration, and contrast reaction treatment. Privileges are limited to adult hospitals.

Nuclear Cardiology: Nuclear cardiology involves evaluation and diagnosis of acutely and chronically ill patients presenting with confirmed or suspected cardiovascular disease. Criteria stated below are specific to cardiologists practicing in adult hospitals and for adult patients. Nuclear cardiology privileges are to supervise and interpret cardiac nuclear studies on patients with confirmed or suspected cardiovascular disease. Procedures include:
- SPECT with technetium agents and thallium
- Planar with technetium agents and thallium
- ECG gating of perfusion images for assessment of global and regional ventricular function (imaging protocols and stress protocols)
- Viability assessment, including reinjection and delayed imaging of thallium and metabolic imaging where available

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

Carotid Stents: Requires: Separate DOP
Cardiology Clinical Privileges

Check below the particular privileges desired in Cardiology for each facility:

Please check (√) applicable age categories for each privilege requested.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Neonates (0-28 days)</th>
<th>Infants (29 days–2 Years)</th>
<th>Children &amp; Adolescents (2-18 years)</th>
<th>Adults &amp; Adolescents (13 &amp; Above)</th>
<th>Methodist Healthcare – Olive Branch Hospital (MHOBH)</th>
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<tbody>
<tr>
<td>Cardiology Core</td>
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<td>Pediatric Cardiology Core</td>
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<td>Invasive Cardiology Core</td>
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<td>Invasive Pediatric/Congenital Cardiology Core</td>
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<td>Interventional Cardiology Core</td>
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<td>Interventional Pediatric/Congenital Cardiology Core</td>
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<td>Adult Congenital Heart Disease Core</td>
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<tr>
<td>Peripheral Interventional Core</td>
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<tr>
<td>Clinical Cardiac Electrophysiology Core</td>
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<td>Clinical Pediatric/Congenital Cardiac Electrophysiology Core</td>
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<td>Structural Heart Core</td>
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<td>Special Privileges</td>
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<tr>
<td>AF Ablations (CCEP Core only)</td>
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<td>CCTA</td>
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<td>Laser Lead Extraction (CCEP Core only)</td>
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<td>Leadless Pacemaker</td>
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<td>Nuclear Cardiology</td>
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<td>Permanent Pacemaker</td>
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<td>Stress Echo (Dobutamine and Treadmill)<em>For Adult Cardiology Practitioners</em></td>
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<td>TEE <em>For Adult Cardiology Practitioners</em></td>
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<td>Trans Thoracic Echocardiogram (TTE) <em>For Adult Cardiology Practitioners</em></td>
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<td>Cardiac MR</td>
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<td>Privilege Description</td>
<td>Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</td>
<td>Methodist Healthcare – Olive Branch Hospital (MHOBH)</td>
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<tr>
<td>Special Privileges (continued)</td>
<td>Neonates (0-28 days)</td>
<td>Infants (29 days–2 Years)</td>
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<tr>
<td>Left Atrial Appendage Closure (LAAC) Device Placement (Watchman)</td>
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<td>Children &amp; Adolescents (2-18 years)</td>
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<tr>
<td>Percutaneous Mitral Valve Device-based Repair</td>
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<td>Adults &amp; Adolescents (13 &amp; Above)</td>
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<td>Chemical or electrical ablation for structural heart disease (Structural Heart Core only)</td>
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<td>Carotid filter placement prior to TAVR procedure (Structural Heart Core only)</td>
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</table>

**Limitations**

Clinical privileges are granted only to the extent privileges are available at each facility.

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**Note:** Privileges for administration of moderate sedation and carotid stent placement require completion of a separate Delineation of Privilege form.

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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 or related documents

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**Physician's Signature**

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**Date**