



CARDIOVASCULAR/THORACIC SURGERY

**Kettering Medical Center
Kettering Memorial Hospital/Sycamore Hospital**

Clinical Privileges Profile

I. Statement of Purposes.

I, _____, MD/DO, hereby request privileges in the Surgery Clinical Service, Cardiovascular/Thoracic Surgery.

II. Board Qualifications.

The applicant must be Board Certified by the American Board of Thoracic Surgery or board eligible by virtue of completion of an approved residency training program or equivalent course. Once on staff, in order to maintain privileges, an individual must complete and pass the examinations within the prescribed time requirement of the board.

III. Description of Privileges.

Clinical privileges in Cardiovascular/Thoracic Surgery shall be defined as those procedures appropriate to the diagnosis and treatment of any and all diseases encompassed by that specialty. These procedures include, but are not limited to operations involving the following:

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
___	Chest Wall	___
___	Lung and pleura	___
___	Tracheo-bronchial tree	___
___	a. Endoscopy	___
___	Mediastinum	___
___	Diaphragm	___
___	Esophagus	___
___	a. Endoscopy	___
___	Video assisted thoracic surgery	___
___	Cardiovascular System	___
___	a. Congenital heart	___
___	b. Acquired heart	___
___	c. Peripheral vessels	___
___	d. Pacemaker implant	___

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	Trauma	_____
_____	Fluoroscopy	_____
_____	Procedural Sedation	_____

IV. Special privileges

Extension or reduction of clinical privileges may be requested at any time by submitting an appropriate request along with documentation of training to the Surgery Clinical Service.

_____	Vascular laser surgery	_____
_____	Implant of defibrillator	_____
_____	Arrhythmia surgery	_____
_____	Transmyocardial Laser Revascularization with Eclipse Surgical Technologies	_____

Signature of Practitioner Date

Signature of Clinical Service Chief **Rita Anderson, MD** Date