

# Regions Hospital Delineation of Privileges Cardiology

Applicant's Name: \_\_\_\_\_  
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
  - Review *education and basic formal training* requirements to make sure you meet them.
  - Review *documentation and experience* requirements and be prepared to prove them.
    - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
    - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
  - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

## Overview

Core I – General privileges in cardiology

Core II – Invasive cardiology

Core III – Interventional cardiology

Core IV – Clinical cardiac electrophysiology (CCEP)

Special privileges in cardiology

- Cardiac computed tomography (CT) and cardiac computed tomography angiogram (CTA)
- Cardiac magnetic resonance (CMR)
- Transesophageal echocardiography (TEE)
- Cardiac nuclear scan interpretation
- Implantation of cardiac electronic devices (CIED)
- Peripheral vascular interventions
- Percutaneous atrial septal defect / patent foramen ovale closure

Core procedure list

Signature page

CORE I — General staff privileges in Cardiology

**Privileges**

Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years and older who present with diseases of the heart, lungs and blood vessels. Manage complex cardiac conditions.

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

**Basic education and minimal formal training**

1. MD, DO or MBBS.
2. Completion of an approved ACGME-, AOA-, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec internal medicine or internal medicine/pediatric residency program.
3. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited fellowship in cardiovascular disease.
4. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to subspecialty certification in cardiovascular disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in Cardiology.

**Required documentation and experience**

**NEW APPLICANTS:**

1. Demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
2. Provide documentation of active cardiology practice for at least 50 patients in the past 12 months in an accredited hospital or healthcare facility;

**Or**

Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

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

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS:**

1. Provide documentation of an active cardiology practice for at least 50 patients within the past 24 months

**Or**

Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.

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

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- CORE II — Invasive cardiology**  
 (Must be granted core I privileges in cardiology in order to request invasive cardiology)

<b>Privileges</b>
<p>Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years of age and older who present with acute or chronic heart disease and who may require invasive diagnostic procedures.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and other procedures that are extensions of the same techniques and skills.</p>
<b>Basic education and minimal formal training</b>
<p>Same as core I.</p>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <p>1. Demonstrate successful performance, reflective of the scope of privilege requested, of at least 75 diagnostic right or left cardiac catheterizations in the past 12 months;</p> <p style="padding-left: 20px;"><b>Or</b></p> <p style="padding-left: 20px;">Demonstrate successful completion of an ACGME or AOA accredited training program that included training in invasive cardiology within the past 12 months.</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <p>1. Provide documentation of having performed 150 diagnostic cardiac catheterizations within the past 24 months;</p> <p style="padding-left: 20px;"><b>Or</b></p> <p style="padding-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</p> <p style="text-align: center; margin-top: 20px;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p>

- CORE III — Interventional cardiology**  
 (Must be granted Core I privileges in cardiology in order to request interventional cardiology)

<b>Privileges</b>
<p>Admit, evaluate, diagnose, treat, and provide consultation to patients, 16 years and older with acute and chronic coronary artery disease, acute coronary syndromes, and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease. Provide technical procedures and medications to treat abnormalities that impair the function of the heart.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>
<b>Basic education and minimal formal training</b>
<p>1. Successful completion of an ACGME or AOA accredited fellowship in interventional cardiology or equivalent practice experience if training occurred prior to 2003.</p> <p><b>And/Or</b></p> <p>Current subspecialty certification in interventional cardiology or active participation in the examination process -- with achievement of certification within 5 years -- leading to subspecialty certification in interventional cardiology by the American Board of Internal Medicine or a Certificate of Added Qualifications in interventional cardiology by the American Osteopathic Board of Internal Medicine.</p>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <p>1. Provide documentation of the performance of at least 75 percutaneous coronary intervention procedures in the past 12 months.</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <p>1. Provide documentation of the performance of 150 percutaneous coronary intervention procedures in the past 24 months;</p> <p><b>Or</b></p> <p>Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</p> <p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p>

- CORE IV — Clinical cardiac electrophysiology (CCEP)**  
 (Must be granted Core I privileges in cardiology in order to request interventional cardiology)

<b>Privileges</b>
<p>Admit, evaluate, diagnose, treat, and provide consultation to patients 16 years and older with heart rhythm disorders.            Perform invasive diagnostic and therapeutic cardiac electrophysiology procedures.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>
<b>Basic education and minimal formal training</b>
<p>1. Successful completion of and ACGME or AOA accredited fellowship in clinical cardiac electrophysiology or equivalent practice experience/training if training occurred prior to 1998.</p> <p><b>And/Or</b></p> <p>Current subspecialty certification in clinical cardiac electrophysiology or active participation in the examination process - with achievement of certification within 5 years -- leading to subspecialty certification in clinical cardiac electrophysiology by the American Board of Internal Medicine or achievement of a certificate of added qualification in clinical cardiac electrophysiology by the American Osteopathic Board of Internal Medicine.</p>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <p>1. Provide documentation of the performance of at least 100 intracardiac procedures in the past 12 months;</p> <p><b>Or</b></p> <p>Demonstrate successful completion of a hospital-affiliated accredited clinical fellowship, or research in a clinical setting within the past 12 months.</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <p>1. Provide documentation of the performance of 200 intracardiac procedures in the past 24 months ;</p> <p><b>Or</b></p> <p>Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</p> <p style="text-align: center; margin-top: 20px;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p>

# Special privileges in cardiology

(Check each special privilege you are requesting)

<b>Privilege</b>
<input type="checkbox"/> Cardiac computed tomography (CT) and cardiac computed tomography angiogram (CTA)
<b>Basic education and minimal formal training</b>
1. Successful completion of an ACGME or AOA accredited postgraduate training program in cardiovascular disease.  If cardiac CT training was not included in post graduate program: 1. Successful completion of a formal course in cardiac CT; 2. Proctoring for initial cases; <b>Or</b> Equivalent practice experience.
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> 1. Provide evidence of a minimum of 50 hours of CTA related coursework. 2. Provide evidence of supervised interpretation of at least 150 CTA studies in the past 12 months.  <b>REAPPOINTMENT APPLICANTS:</b> 1. Provide documentation of the performance of at least 100 cardiac CT studies in the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.  Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____

## Special Privileges in cardiology (continued)

<b>Privilege</b>
<input type="checkbox"/> Cardiac magnetic resonance (CMR)
<b>Basic education and minimal formal training</b>
1. Successful completion of an ACGME or AOA accredited postgraduate training program in cardiovascular medicine.  If CMR was not included in postgraduate program: 1. Formal CMR training that includes supervised cases and CMR physics; <b>Or</b> Practice experience the equivalent of formal training.
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> 1. Provide documentation of the performance and/or interpretation of at least 150 Cardiac MR cases of which at least 50 occurred in the past 12 months.  <b>REAPPOINTMENT APPLICANTS:</b> 1. Provide documentation of the performance of at least 100 Cardiac MR cases in the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.  Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____

## Special Privileges in cardiology (continued)

<b>Privilege</b>
<input type="checkbox"/> Transesophageal echocardiography (TEE)
<b>Basic education and minimal formal training</b>
1. Successful completion of an accredited residency in cardiology, anesthesiology, radiology, or cardiothoracic surgery that included education and direct experience in transthoracic echocardiography and TEE with performance and interpretation of at least 50 supervised TEE cases; <b>Or</b> National Board of Echocardiography certification in TEE.
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> 1. Provide documentation of the performance of at least 50 TEE procedures in the past 12 months.
<b>REAPPOINTMENT APPLICANTS:</b> 1. Provide documentation of the performance of at least 50 TEE procedures in the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.  Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____

## Special Privileges in cardiology (continued)

<b>Privilege</b>
<input type="checkbox"/> Cardiac nuclear scan interpretation
<b>Basic education and minimal formal training</b>
1. Successful completion of four to six months training in an ACGME or AOA accredited postgraduate training program in cardiology, nuclear medicine, or radiology that included training in nuclear cardiology <b>Or</b> Training or experience equivalent to the training in a formal program such as the Level 2 training in the American College of Cardiology/American Society of Nuclear Cardiology (ACC/ASNC) training guidelines.
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> 1. Provide documentation of the performance of least 30 cardiac nuclear scan interpretations during the past 12 months.
<b>REAPPOINTMENT APPLICANTS:</b> 1. Provide documentation of the performance of at least 60 cardiac nuclear scan interpretations during the past 24 months. 2. Provide evidence that requirements are met for ICANL (Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories) accreditation; <b>Or</b> Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.
Name: _____
Name of Facility: _____
Address: _____
Phone: _____ Fax: _____

## Special Privileges in cardiology (continued)

<b>Privilege</b>
<input type="checkbox"/> Implantation of cardiac electronic devices (CIED) including permanent pacemakers and implantable cardiac defibrilators (ICD)
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. Successful completion of an ACGME or AOA accredited residency in cardiology followed by completion of an accredited training program in clinical cardiac electrophysiology; <b>Or</b> Successful completion of an endorsed CME program and associated testing; <b>Or</b> Successful passing of the Heart Rhythm Society (formerly North American Society of Pacing and Electrophysiology) exam.</li><li>2. Evidence of participation as the primary operator under supervision of a qualified proctor in at least:<ul style="list-style-type: none"><li>50 CIED implantations</li><li>20 revisions</li><li>20 lead extractions</li><li>100 follow-up appointments</li></ul></li></ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of the performance of 24 CEID procedures in the past 12 months.</li></ol> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of the performance of at least 48 CEID procedures in the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</li></ol> <p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p>

## Special privileges in cardiology (continued)

<b>Privilege</b>
<input type="checkbox"/> Percutaneous atrial septal defect (ASD)/patent foramen ovale (PFO) closure
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. Successful completion of an ACGME or AOA accredited post-graduate training program in interventional cardiology that included performance of at least 10 ASD/PFO procedures, five of which were proctored; <b>Or</b> Demonstrate equivalent practice experience.</li><li>2. Successful completion of a training course in the ASD or PFO device for which privileges are requested.</li></ol> <p>Applicant agrees to restrict practice to the device(s) type(s)</p>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of the performance of at least 10 percutaneous ASD or PFO closure procedures in the past 12 months.</li></ol> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of the performance of at least 20 percutaneous ASD or PFO closure procedures in the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</li></ol> <p style="text-align: right;">Name: _____</p> <p style="text-align: right;">Name of Facility: _____</p> <p style="text-align: right;">Address: _____</p> <p style="text-align: right;">Phone: _____ Fax: _____</p>

## Special privileges in cardiology (continued)

<b>Privilege</b>
<p>Peripheral vascular interventions to include diagnostic and therapeutic angiography, angioplasty and stenting-arterial. Excludes carotid stenting and intracranial interventions.</p> <p><b>Select the specific procedure(s) for which you are requesting privileges</b></p> <p><input type="checkbox"/> Aortoiliac and brachiocephalic arteries      <input type="checkbox"/> Abdominal visceral and renal arteries      <input type="checkbox"/> Infringuinal arteries</p>
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>Successful completion of an ACGME or AOA accredited training program in cardiovascular disease that included: <ul style="list-style-type: none"> <li>eight months of cardiac catheterization;</li> <li>plus an additional 12 months of interventional training that included: <ul style="list-style-type: none"> <li>✓ one month of an inpatient vascular medicine consultation service;</li> <li>✓ one month in a non-invasive vascular diagnostic laboratory;</li> <li>✓ one-half to one full day per week in the longitudinal care of outpatients with vascular disease.</li> </ul> </li> </ul> </li> <li>Evidence of diagnostic peripheral angiograms as follows: <p>100 cases (50 as primary operator) reflective of all vascular areas;</p> <p><b>Or</b></p> <p>30 cases (eight as primary operator) in the subset vascular area requested.</p></li> <li>Evidence of peripheral interventions as follows: <p>50 cases (25 as primary operator) reflective of all vascular areas;</p> <p><b>Or</b></p> <p>15 peripheral interventions per vascular area requested.</p></li> <li>20 diagnostic cases in each area requested.</li> <li>10 interventional cases in each area requested.</li> <li>Must include aortoiliac arteries as initial area of competency.</li> </ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>Provide documentation of the performance of at least 25 peripheral vascular intervention cases, reflective of the privileges requested, in the past 12 months;</li> </ol> <p><b>Or</b></p> <p>Provide evidence of completion of training in the past 12 months.</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>Provide documentation of the performance of at least 25 vascular intervention cases, reflective of the privileges requested, in the past 24 months;</li> </ol> <p><b>Or</b></p> <p>Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</p> <p style="text-align: center;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p>

## Core Procedure List — Cardiology Clinical Privileges

**To the applicant:** If you want to exclude any procedures, please strike through those procedures you do not wish to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

<b>Cardiology</b>	<b>Invasive Cardiology</b>
<ol style="list-style-type: none"> <li>1. Adult transthoracic echocardiography</li> <li>2. Ambulatory electrocardiology monitor interpretation</li> <li>3. Cardioversion, electrical, elective</li> <li>4. ECG interpretation, including signal averaged ECG</li> <li>5. Infusion and management of Gp IIb/IIIa agents and thrombolytic agents and antithrombolytic agents</li> <li>6. Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines</li> <li>7. Non-invasive hemodynamic monitoring</li> <li>8. Perform history and physical exam</li> <li>9. Pericardiocentesis</li> <li>10. Stress echocardiography (exercise and pharmacologic stress)</li> <li>11. Tilt table testing</li> <li>12. Transcutaneous external pacemaker placement</li> <li>13. Transthoracic 2d echocardiography, Doppler, and color flow</li> </ol>	<ol style="list-style-type: none"> <li>1. Central line placement</li> <li>2. Coronary arteriography</li> <li>3. Diagnostic right and left heart cardiac catheterization</li> <li>4. Hemodynamic monitoring with balloon flotation devices</li> <li>5. Insertion of intraortic balloon counter pulsation device</li> <li>6. Placement of temporary transvenous pacemaker</li> </ol>
<b>Interventional Cardiology</b>	<b>Clinical Cardiac Electrophysiology</b>
<ol style="list-style-type: none"> <li>1. Endomyocardial biopsy</li> <li>2. Femoral, brachial or radial, axillary cannulation for diagnostic angiography or percutaneous coronary intervention</li> <li>3. Interpretation of coronary arteriograms, ventriculography, and hemodynamics</li> <li>4. Intracoronary foreign body retrieval</li> <li>5. Intracoronary infusion of pharmacological agents including thrombolytics</li> <li>6. Intracoronary mechanical thrombectomy</li> <li>7. Intracoronary stents</li> <li>8. Intravascular Ultrasound (IVUS) of coronaries</li> <li>9. Management of mechanical complications of percutaneous intervention</li> <li>10. Performance of balloon angioplasty, stents, and other commonly used interventional devices</li> <li>11. Use of intracoronary Doppler and flow wire</li> <li>12. Use of vasoactive agents for epicardial and microvasclar spasm</li> </ol>	<ol style="list-style-type: none"> <li>1. Insertion and management of automatic implantable cardiac defibrillators</li> <li>2. Insertion of permanent pacemaker, including single/dual chamber and biventricular</li> <li>3. Interpretation of activation sequence mapping recordings, invasive intracardiac electrophysiologic studies, including endocardial electrogram recording and imaging studies</li> <li>4. Interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment</li> <li>5. Pacemaker programming/reprogramming and interrogation</li> <li>6. Performance of therapeutic catheter ablation procedures.</li> </ol>

**TO BE COMPLETED BY APPLICANT:** I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

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Signature

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Date

**TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:** I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

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Signature

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Date