## **Huntington Memorial Hospital**

## **Delineation Of Privileges**

**Electrophysiology Privileges** 

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Privilege		Requested	Tabled	Approved
ELECTROPHYSIOLOGY PRIVILEGES				
Criteria:				
a) Board Certification with subspecialty in Cardiovascular Disease				
b) The first three (3) years appointment is conditional pending board certification	in Flectro	ophysiolog	۲V	
c) Conditional appointment is subject to completion of approved program in Elect			,,	
<u>Proctoring Requirements:</u> Proctoring requirements are outlined under each proce				
ELECTROPHYSIOLOGY PROCEDURES:				
Includes the management and coordination of care, treatment and services, included	ing;			
Medical history and physical examination, consultation and prescribing medication	in			
accordance with DEA certificate.				
INTERNAL CARDIAC DEFIBRILLATOR and BI-VENTRICULAR ICD IMPLANTATION:				
<u>Criteria:</u> Must be board certified in Electrophysiology AND provide evidence (cert	ticate)			
of completion of thirty (30) cases in an approved training program.				
a) Biventricular ICD implantation				
<u>Proctoring Requirements:</u> One case by direct observation				
b) Internal cardiac defibrillator implantation				
<u>Proctoring Requirements:</u> One case by direct observation				
ELECTROPHYSIOLOGIC STUDIES OF THE HEART - ABLATION				
<u>Criteria:</u> Must be board certified in Electrophysiology and provide evidence (certified)	icate)			
of completion in an approved training program.				
<u>Competency Requirements:</u> Applicants must provide evidence of performing the				
following number of procedures over a two-year period of time for the specific				
Supplemental Privilege requested above:				
a) Five (5) EP Studies				
b) Two (2) Ablations				
c) Two (2) Transeptals				
d) Two (2) ICD				
a) Comprehensive diagnostic EP				
<u>Proctoring Requirements:</u> One case by direct observation				
b) Transcatheter ablation and mapping				
<u>Proctoring Requirements:</u> One case by direct observation				

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Revised:

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**Electrophysiology Privileges** 

Provider Name:				
Privilege		Requested	Tabled	Approved
ACKNOWLEDGEMENT OF THE PRACTITIONER:  I have requested only those privileges for which my education, training, current performance I am qualified to perform, and that I wish to exercise at Huntington exercising my clinical privileges granted, I am constrained by hospital and medic generally and any applicable to the particular situation; b) any restriction on the waived in an emergency situation and in such a situation my actions are governed Medical Staff Bylaws or related documents.	n Hospital, an al staff polic clinical privi	nd I under ies and ru leges gra	rstand tha lles applic nted to m	able e is
Signature of Applicant: Date:				
DEPARTMENT CHAIR RECOMMENDATIONS				
I have reviewed the requested clinical privileges and supportive documentation recommend action on the privileges as noted above.	for the abov	e named	applicant	and
Applicant may perform privileges and procedures as indicated: YES	NO			
Exceptions/Limitations (Please Specify):				
APPROVALS:				
Section/Department Chair:	Date:			
Credential Committee Date:				
Medical Executive Committee Date:				

Board of Directors Approved on: \_\_\_\_\_