



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF PEDIATRIC CARDIOLOGY**

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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***If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

- Initial appointment** **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Pediatric Cardiology, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Pediatric Cardiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
1. Provide documentation of successful completion of an ACGME or AOA accredited Pediatric Cardiology Fellowship Training Program in Pediatric Cardiology within the past five (5) years; **AND**
 2. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **AND**
 3. Provide documentation of current Pediatric Advanced Life Support (PALS) course completion card.
- If the applicant is currently subspecialty certified in Pediatric Cardiology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
1. Provide documentation of subspecialty certification in Pediatric Cardiology from the American Board of Medical Specialties or certification by the American Osteopathic Association in Pediatric Cardiology; **AND**
 2. Documentation of active pediatric cardiology practice in an accredited hospital or healthcare facility for at least two (2) years; **AND**
 3. Provide documentation of current Pediatric Advanced Life Support (PALS) course completion card.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Pediatric Cardiology at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

NOTE 4: Continued PALS certification will be tracked and monitored by the service line.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC CARDIOLOGY CORE PRIVILEGES	Proctoring Requested
										CPED-CAR-1 Privileges to evaluate, diagnose, consult, and provide comprehensive care to patients of all ages, with congenital or acquired diseases which persist into adulthood, presenting with disorders of the heart and blood vessels. Assess, stabilize, and determine disposition of patients with emergent conditions.	

Privileges include providing appropriate medical therapy to stabilize the patient; perform history and physical exam; cardioversion; electrocardiography and echocardiography interpretation; exercise testing; pericardiocentesis and thoracentesis; transesophageal echocardiography and transthoracic echocardiography; diagnostic cardiac catheterization and endomyocardial biopsy; balloon atrial septostomy; provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

NOTE: Core privileges extend to the provision of care in the intensive care or critical care settings.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	VENTRICULAR ASSIST DEVICE (VAD)		Proctoring Requested
										Must apply for and maintain Pediatric Cardiology Core Privileges (CPED-CAR-1)		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-1(a)	Provide advanced care and management of complex patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.	

CPED-CAR-1(a) Ventricular Assist Device (VAD)

Ventricular Assist Device (VAD) is a mechanical circulatory device that is used to partially or completely replace the function of a failing heart. The mechanical pump is used to support heart function and blood flow in patients who have weakened hearts. A VAD can help support the heart during or after surgery until the heart recovers, while waiting for a heart transplant, and for patients who are not eligible for a heart transplant, can be a long-term solution to help the heart work better.

Credentials Required:

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND**
2. Provide documentation from the Pediatric Cardiology or Pediatric Cardiovascular Medicine fellowship program director that the Applicant completed training, within the past two years, to include patient selection, management and care of pediatric patients who are being considered for or who require, device-based heart failure management (e.g. mechanical circulatory support devices).

OR

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND**
2. Provide documentation of successful involvement in the management of Pediatric Ventricular Assist Devices (VAD) patient within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Ventricular Assist Device (VAD). You must provide documentation of proctoring for the care and management of two (2) VAD patients.

Reappointment Criteria for Continued Privileges (CPED-CAR-1(a)):

The Physician must submit documentation that they have participated in the care of Pediatric VAD patients over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

To be eligible for core privileges in Pediatric Interventional Cardiology (CPED-CAR-2), the applicant must meet the following qualifications:

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND** at least one of the following:
2. Successful completion of a pediatric cardiology fellowship program, within the past two (2) years, that included training in interventional pediatric cardiology with verification of competence in the requested procedures by the Director of the fellowship training program; **OR**
2. Provide a minimum number of one hundred and fifty (150) interventional cases performed within the past two (2) years; **OR**
2. Alternatively, for Applicants that do not meet a threshold of one hundred and fifty (150) interventional cases for the past two (2) years; Applicants may submit the total number of cases in a lifetime career for review and consideration of a proctoring process by a high volume interventional pediatric cardiologist with current clinical privileges. This will be at the discretion of the Section Chief for the Cardiovascular Diagnostic Laboratory in conjunction with the Chief of the Department of Pediatrics or his/her designee. The applicant must submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds Pediatric Interventional Cardiology Core privileges.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES		Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Must apply for and maintain Pediatric Cardiology Core Privileges (CPED-CAR-1)		
										CPED-CAR-2	Privileges to evaluate, diagnose, consult, and provide comprehensive care to patients of all ages, with congenital or acquired diseases which persist into adulthood, presenting with disorders of the heart and blood vessels. Assess, stabilize, and determine disposition of patients with emergent conditions.	

Privileges include providing appropriate medical therapy to stabilize the patient; perform history and physical exam; cardioversion; electrocardiography and echocardiography interpretation; exercise testing; pericardiocentesis and thoracentesis; transesophageal echocardiography and transthoracic echocardiography; diagnostic cardiac catheterization and endomyocardial biopsy; balloon atrial septostomy; provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

NOTE: Core privileges extend to the provision of care in the intensive care or critical care settings.

Reappointment Criteria for Continued Privileges (CPED-CAR-2):

The Physician must submit a minimum of one hundred and fifty (150) over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms. For the Appointee that does not meet the one hundred and fifty (150) representative samples of pediatric clinical cardiac electrophysiology procedures over the two (2) year period consideration of reappointment will be at the discretion of the Medical Director of the Cardiovascular Diagnostic Laboratory in conjunction with the Chief/Section Chief of the Specialty.

The Physician must maintain a cognitive knowledge base; it is recommended that individual operators attend at least twenty (20) hours of invasive and/or interventional cardiology continuing medical education (CME) every two (2) years. This could include catheterization conference and PCI meetings in addition to expanding the use of simulation cases for procedure use and competence.

Print Name _____

To be eligible for core privileges in Clinical Cardiac Electrophysiology Pediatric (CPED-CAR-3), the applicant must meet the following qualifications:

1. Apply for and meet the necessary criteria to be granted privileges for Pediatric Cardiology Core Privileges (CPED-CAR-1); **AND** at least one of the following:
2. Successful completion of a pediatric cardiology fellowship program, within the past two years, that included training in clinical cardiac pediatric electrophysiology with verification of competence in the requested procedures by the Director of the fellowship training program; **OR**
2. Provide a minimum number of fifty (50) invasive cases performed within the past two (2) years; **OR**
2. Alternatively, for Applicants that do not meet a threshold of fifty (50) invasive cases for the past two (2) years; Applicants may submit the total number of cases in a lifetime career for review and consideration of a proctoring process by a high volume interventional pediatric clinical cardiac electrophysiology cardiologist with current clinical privileges. This will be at the discretion of the Section Chief for the Cardiovascular Diagnostic Laboratory in conjunction with the Chief of the Department of Pediatrics or his/her designee. The applicant must submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds Clinical Cardiac Electrophysiology Pediatric Core privileges.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CLINICAL CARDIAC ELECTROPHYSIOLOGY PEDIATRIC CORE PRIVILEGES		Proctoring Requested
										Must apply for and maintain Pediatric Cardiology Core Privileges (CPED-CAR-1)		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-3	Privileges to evaluate, diagnose, consult, and provide comprehensive care to patients of all ages, with congenital or acquired diseases which persist into adulthood, presenting with disorders of the heart and blood vessels. Assess, stabilize, and determine disposition of patients with emergent conditions.	

NOTE: Privileges include appropriate medical therapy to stabilize the patient; perform history and physical exam; programming and management of automatic implantable cardiac defibrillators and pacemakers; intracardiac electrophysiology studies; and performance of therapeutic catheter ablation procedures.

Reappointment Criteria for Continued Privileges (CPED-CAR-3):

The Physician must submit a minimum of fifty (50) of pediatric clinical cardiac electrophysiology procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms. For the Appointee that does not meet the fifty (50) pediatric clinical cardiac electrophysiology procedures over the two (2) year period consideration of reappointment will be at the discretion of the Medical Director of the Cardiovascular Diagnostic Laboratory in conjunction with the Chief/Section Chief of the Specialty.

Print Name

CPED-CAR-4 PEDIATRIC CARDIAC CRITICAL CARE MEDICINE CORE PRIVILEGES:

In order to apply for these privileges, the applicant must provide documentation of the following:

If the applicant **is not currently subspecialty** board certified in Pediatric Critical Care Medicine by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:

- Provide documentation of board certification in Pediatrics; **AND**
- Provide documentation of successful completion of a three (3) year ACGME or AOA accredited Critical Care Medicine Fellowship training program, within the past five (5) years; **AND**
- Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts. **OR**

If the applicant **is currently subspecialty** certified in Pediatric Critical Care Medicine by the American Board of Medical Specialties (ABMS), the applicant must:

- Provide documentation of subspecialty board certification in Pediatric Critical Care Medicine from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
- Verification from the Department Chief where the Applicant most recently practiced documenting that the Applicant has provided inpatient pediatric cardiac critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts. **OR**

If the applicant **is currently subspecialty** board certified in Neonatology, Pediatric Cardiology or Anesthesia by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:

- Provide documentation of board certification in Pediatrics or Anesthesia; **AND**
- Provide documentation of successful completion of a three (3) year ACGME or AOA accredited Neonatology, Pediatric Cardiology or Pediatric Anesthesia Fellowship training program, within the past five (5) years; **AND**
- Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts. **AND**
- Documentation that the Applicant has provided inpatient pediatric cardiac critical care or consultative services for at least sixty (60) patients during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts. **OR**
- Complete the PERMISSION TO BE PROCTORED REQUEST FORM, requesting to be proctored by a physician who is currently holds the privilege. Upon completion of the proctoring form, the Appointee will submit the completed proctoring reports along with an updated Delineation of Privileges Form requesting to perform the privileges independently.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	PEDIATRIC CARDIAC CRITICAL CARE MEDICINE CORE PRIVILEGES		Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-4	Privileges to evaluate, diagnose, consult, and provide comprehensive care to patients of all ages, with congenital or acquired diseases which persist into adulthood, presenting with disorders of the heart and blood vessels. Assess, stabilize, and determine disposition of patients with emergent conditions.	

NOTE: Privileges include appropriate medical therapy to stabilize the patient; perform history and physical exam; programming and management of automatic implantable cardiac defibrillators and pacemakers; intracardiac electrophysiology studies; and performance of therapeutic catheter ablation procedures.

Reappointment Criteria for Continued Pediatric Cardiac Critical Care Medicine Core (CPED-CAR-4) Privileges:

The Physician must submit a minimum of fifty (50) inpatient and/or consultative services over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	CARDIAC MAGNETIC RESONANCE (MRI)/CARDIAC CT PRIVILEGES FOR PEDIATRIC CARDIOLOGISTS		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-5*	Cardiac CT and Coronary CT Angiography Imaging for Pediatric Cardiologist	150			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CPED-CAR-6*	Cardiac Magnetic Resonance Imaging (MRI) for Pediatric Cardiologist	50			

*CPED-CAR-5 and CPED-CAR-6 criteria mirror Radiology and Adult Cardiology. All revisions are vetted through Cardiology, Pediatrics, and Radiology.

***For care of patients of all ages, with congenital or acquired diseases which persist into adulthood.**

CPED-CAR-5 CARDIAC CT AND CORONARY CT ANGIOGRAPHY IMAGING

SHORT DEFINITION: Computed tomography (CT) is a proven and important imaging modality for the detection and characterization of cardiovascular disease (1). This technology has undergone a dramatic evolution since its introduction into clinical practice in 1973. Multiple-detector units, with advanced spatial and temporal resolution, can provide detailed anatomic and functional information regarding the heart, great vessels, and coronary circulation. Such information can greatly facilitate the diagnosis and management of a wide range on cardiovascular conditions and, in some circumstances, obviate the need for invasive procedures. Clinical applications of cardiac CT (CCT) encompass non-contrast (coronary calcium evaluation) and contrast (CT angiography) studies (2).

Medical specialists trained in the distinct disciplines of cardiovascular medicine, radiology, and nuclear medicine are all involved in the imaging of cardiovascular diseases, albeit from differing perspectives. These perspectives, however, also share many common features, emphasizing the importance of a broadly based, multi-disciplinary approach for management (2). Cardiovascular specialists, by virtue of their knowledge of cardiovascular disease processes, and expertise with other cardiovascular imaging/therapeutic modalities (i.e., invasive angiography, radionuclide

imaging techniques, and cardiovascular ultrasound) have been integral in the technological developments and clinical applications of cardiac CT.

Print Name

CPED-CAR-5

CARDIAC CT AND CORONARY CT ANGIOGRAPHY IMAGING

The joint bodies of the American College of Cardiology, American Heart Association, and American College of Physicians have recently issued guidelines for training and maintenance of clinical competence in cardiac CT (2,3). Specific training pathways have been recommended for those currently in fellowship training programs, as well as for those who have already obtained board certification and are active practicing clinicians. The American College of Radiology has issued a separate guideline statement relevant to the training and certification of qualified Radiologists (4). The respective societies' guidelines are not intended to exclude qualified practitioners from "the other side of the fence", but rather assure that their own specialists adhere to the highest standards. Programs that can successfully integrate the complementary expertise of both specialties will certainly enhance patient care and outcomes.

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

1. Provide documentation of successful completion of an ACGME accredited Pediatric Cardiology Fellowship Training Program; **AND**
2. Provide documentation of successful completion of an accredited Advanced Cardiac Imaging Fellowship Training Program within the past five (5) years, **AND**
3. Applicant must submit documentation of subspecialty certification in Pediatric Cardiology by the American Board of Pediatrics; **AND**
4. Involvement in reading one hundred and fifty (150) or more contrast cardiac CT studies with a minimum of fifty (50) studies in which the applicant participated in the acquisition of the scan (can be achieved by any of the 3 methods below):
 - a) Documentation of Advanced Cardiac Imaging Fellowship Training Course to include evidence of involvement in reading \geq one hundred and fifty (150) contrast cardiac CT studies with a minimum of fifty (50) studies in which the applicant participated in the acquisition of the scan; **OR**
 - b) Level II Course Documentation to include evidence of involvement in reading \geq one hundred and fifty (150) contrast cardiac CT studies with a minimum of fifty (50) studies in which the applicant participated in the acquisition of the scan; **OR**
 - c) If 4a or 4b was completed greater than two (2) years ago, the applicant must provide documentation of at least one hundred and fifty (150) contrast cardiac CT studies; **OR**
 - d) Submit the PERMISSION TO BE PROCTORED REQUEST FORM upon completion of proctoring have a document/attestation letter from the proctor indicating supervision of \geq 150 CCTAs with presence for \geq 50 studies; **AND**
5. Submit documentation of fifteen (15) hours of category I CME in pediatric/congenital cardiac CT.

Reappointment Criteria for Continued Privileges (CPED-CAR-5):

The Physician must submit a minimum of one hundred (100) pediatric/congenital contrast Computed Tomography Angiography (CTA) examinations over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Cardiac Ct and Coronary Ct Angiography Imaging. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name

CPED-CAR-6 CARDIAC MAGNETIC RESONANCE IMAGING (MRI)

DEFINITION: MRI uses large magnets and radio-frequency waves to produce high-quality still and moving pictures of the body's internal structures. No X-ray exposure is involved. The scan monitors energy changes in tissues reacting to magnetic forces. A computer analyzes these changes and creates a composite image of the tissues. The images can be shown in two or three spatial dimensions in either static or dynamic (cine) mode.

This combination of unique capabilities has made MRI a commonly used imaging procedure for evaluating cardiac problems. Cardiac MRI is well established in clinical practice for the diagnosis and management of a wide spectrum of cardiovascular disease, including ischemic heart disease, myocardial disease, right ventricular abnormalities, pericardial disease, cardiac tumors, valvular disease, thoracic aortic disease, pulmonary artery disease and congenital heart disease before and after surgical repair. The latter category is especially well suited to MRI as images of the cardiovascular systems can be obtained from many angles.

There are many advantages to Cardiac MRI when compared to other noninvasive imaging modalities such as ultrasound and CT. Since MRI does not use ionizing radiation, it can be used in children and pregnant women. MRI contrast media does not have as high a risk of allergic reaction or contrast media induced nephropathy as iodinated contrast media. Unlike echocardiography, MRI can produce images of cardiovascular structures without interference from adjacent bone or air, a limitation of echocardiography. MRI is also less operator dependent than echocardiography. Specific MRI sequences (SSFP) can be used to assess global and regional ventricular contractile function, including the more difficult to assess right ventricle. Velocity encoded techniques permit measurement of blood flow. MRI does not have the weakness of geometric assumptions (as does angiography) in assessing ventricular volumes.

Limitations of MRI include occasional claustrophobia during the exam; longer examination time compared to CT; physical isolation of the patient and incompatibility of MRI with various medical devices including cardiac pacemakers and cochlear implants. The presence of intraocular or intracranial metal is also a contraindication for MRI.

SKILLS AND TRAINING NEEDED - The applicant must meet the following:

The physician involved in the supervision and interpretation of Cardiac MRI examinations shall have the responsibility for all aspects of the study including reviewing all indications for the examination, specifying the pulse sequences to be performed, specifying the use and dosage of contrast agents, interpreting images, generating written reports, and assuring the quality of both the images and interpretations. Physicians performing pharmacologic stress testing as part of the Cardiac MRI imaging must be knowledgeable about the administration, risks and contraindications of pharmacologic agents used for stress testing. They must be capable of monitoring the patient throughout the procedure.

A physician supervising and/or interpreting MRI examinations will be required to meet the following minimum criteria:

1. Certification in Pediatric Cardiology by the American Board of Pediatrics with completion of Level II or higher.
 - a. Fellowships in Pediatric Cardiology and Advanced Cardiac Imaging; **AND**
 - b. One Hundred and fifty (150) Pediatric/Congenital Cardiac MRI examinations; ** fifty (50) in which the candidate is physically present and involved in the acquisition and supervised interpretation of the case; **AND**

- c. Completion of thirty (30) hours of courses related to MRI in general and/or pediatric/congenital Cardiac MRI in particular.

Reference Only

Print Name

CONTINUING MEDICAL EDUCATIONAL REQUIREMENTS:

Pediatric Cardiologists must have earned at least thirty (30) hours of coursework in pediatric/congenital Cardiac MRI in the prior thirty-six (36) month period in accordance with Level II requirements.

- * This represents cumulative time spent interpreting, performing and learning pediatric/congenital Cardiac MRI and need not be a consecutive block of time. At least fifty (50)% of the time should represent supervised laboratory experience with a Level II or Level III mentor. This can include time spent at educational courses on the topic. Training time is defined as a minimum of thirty-five (35) hours per week.
- ** The caseload recommendations may include studies from an established teaching file, previous pediatric/congenital Cardiac MRI cases and electronic/on-line CME.

Reappointment Criteria for Continued Privileges (CPED-CAR-5):

The Physician must submit a minimum of fifty (50) pediatric/congenital cardiac MRI examinations over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Cardiac Magnetic Resonance Imaging (MRI). This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Full Name

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CPED-CAR-1(a))
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Reference Only