

**DEPARTMENT OF PEDIATRICS**  
**PEDIATRIC CARDIOLOGY**  
Delineation of Privileges

\_\_\_\_\_  
**Please Print Name**

**QUALIFICATIONS:** Licensed physician (MD or DO) as defined in the Pediatric Department Rules and Regulations with appropriate specialty training.

**OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED:** Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

REQ	APP	Privilege Requested
		ADMIT, evaluate, diagnose and provide treatment or consultative services to newborns, infants, children and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels.

**(REQ=Requested) - (APP=Approved)**

**PEDIATRIC CARDIOLOGY CORE PRIVILEGES:** All Pediatric Cardiologists are eligible to apply for the following core procedures including but not limited to electrocardiography and echocardiography. Please see the attached criteria.

REQ	APP	Privilege Requested:
		Pediatric Cardiology Core Privileges

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.

<b>Applicant's Signature:</b>	<b>Date:</b>
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**DEPARTMENTAL REPORT AND RECOMMENDATION:** Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

<b>SIGNATURE: Department of Pediatrics Chairman/Vice Chairman</b>	<b>Date:</b>
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Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Committee - DV Executive Committee - NM Board of Directors

**PEDIATRIC CARDIOLOGY**  
Criteria for Granting Privileges

**INITIAL APPLICANTS**

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

**RE-APPLICANTS**

Physician must be able to show current demonstrated competence and adequate volume of experience in Pediatric Cardiology reflective of the scope of privileges requested for the past 24 months.