

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL
CARDIOLOGY**

- Initial appointment**
- Reappointment**

All new applicants must meet the following requirements as approved by the governing body.

Applicant: Check off the “Requested box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications.

Qualifications for Cardiology

To be eligible to apply for privileges in cardiology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education or AOA accredited residency in cardiology

Required previous experience: Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients in the pas 12 months in an accredited hospital of healthcare facility or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew cardiology privileges, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Requested	Privilege	Approved	Denied
	Holter Monitor Interpretation		
	M-Mode Echocardiography Interpretation		
	2-D Echocardiography Interpretation		
	Doppler Interpretation		
	Treadmill ECG Interpretation		
	Stress Echo Interpretation		
	12 Lead ECG Interpretation		
	Consultation		

Other: _____

ACKNOWLEDGEMENT OF PRACTITIONER

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience, health status and current competency.

Practitioner's Signature

Date