

## EVALUATION OF CLINICAL PRIVILEGES - CARDIOLOGY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

### SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	<b>Exercise Testing/Echocardiographic Procedures</b>			
	a. Exercise stress testing (GXT)			
	b. Thallium/persantine nuclear studies			
	c. Exercise stress echocardiography			
	d. Transthoracic echocardiography, including M-mode two-dimensional echocardiography and Doppler techniques			
	e. Transesophageal echocardiography			
	f. Pharmacologic stress echocardiography			
	g. Intravascular ultrasound, interpretation only			
	h. Other <i>(Specify)</i>			
	<b>Cardiac Catheterization/Interventional Procedures</b>			
	a. Diagnostic right and left heart catheterization, coronary angiography, ventriculography			
	b. Pulmonary angiography			
	c. Interpret coronary/pulmonary angiograms			
	d. Temporary transvenous pacemaker insertion			
	e. Aortography (ascending)			
	f. Endomyocardial biopsy			
	g. Coronary angioplasty			
	h. Directional atherectomy - coronary			
	i. Rotational coronary atherectomy			
	j. TEC catheter insertion			
	k. Coronary stent placement			
	l. Peripheral arterial angiography			
	m. Interpret arteriograms			
	n. Peripheral balloon angioplasty and atherectomy/Urokinase installation			
	o. Greenfield/inferior vena caval filter placement			
	p. Peripheral intravascular stent insertion			
	q. Valvuloplasty			
	(1) Aortic			

CODE	Cardiac Catheterization/Interventional Procedures: <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	(2) Mitral			
	(3) Pulmonic			
	(4) Tricuspid			
	(5) Coarctation			
	r. Electrophysiologic study (EPS)			
	s. Radiofrequency ablation			
	t. Permanent pacemaker insertion			
	u. AICD <i>(Implant)</i> insertion			
	v. PFO closure device insertion			
	w. Other <i>(Specify)</i>			

**SECTION II - COMMENTS** *(Explain any rating that is "Unacceptable".)*

*(This area is intentionally left blank for providing comments.)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE <i>(YYYYMMDD)</i>
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