

UPMC
Delineation of Privileges Request
Criteria Summary Sheet

Facility: UPMC McKeesport

Specialty: THORACIC / CARDIO-THORACIC SURGERY

| | |
|----------------------|---|
| KNOWLEDGE | Successful Completion of an ACGME/AOA, accredited program |
| TRAINING | The successful completion of an approved postgraduate residency program in thoracic surgery or general surgery |
| CERTIFICATION | May be Board Eligible attaining Board Certification within five (5) years of completing residency |
| OTHER | <ul style="list-style-type: none"> ▪ For Moderate Sedation Privileges, Certificate or equivalence required. ▪ For IV Sedation Privileges, Certificate or equivalence required. ▪ For Fluoroscopy privileges, certificate required ▪ Physicians who have completed an approved residency which did <u>not</u> include a requested procedure as a structured learning experience, shall provide the following <ul style="list-style-type: none"> - Documentation of completion of an accredited course including at least twelve (12) hours of didactic and hands on training; - A professional reference from an experienced surgeon concerning the applicant's competence in the procedure. <p>Documentation must be provided of an instructional course accrediting the specific laser and laparoscopic surgery and its operative applications. Note that the certificate must delineate the specific laser(s) involved in the course and their operative application(s). The request for laser privileges and laparoscopic surgery will not be considered unless the necessary documentation is attached.</p> |