SCOPE OF SERVICES

Cardiology

Last Name	First Name	Middle Name

Check appropriate box indicating which clinical capabilities you are able to perform

Please list any limitations on a separate sheet

General Care / Category 1 Privileges			
	Admission and Management of the Patient		Endotracheal Intubation
	Arterial Puncture and Cannulation		Nutritional Support
	Pericardiocentesis		Ventilator Management
	Phlebotomy		Temporary Pacemaker - Emergent
	Subclavian Puncture		Pulmonary Artery Catheter
	Thoracentesis		CLIA Waived Laboratory Tests
	EKG Interpretation - Unofficial		
General Care / Category II Privileges (requires additional documentation)			
	Moderate Sedation		Pseudoaneurysm Repair
	Deep Sedation		Cardiac Imaging Using computed Tomography
	External Cardioversion - elective - Requires deep sedation		
Cardiac Catheterization Lab Privileges			
	Diagnostic Cardiac Catheterization		Balloon Pump Insertion
	Angioplasty, Coronary		Stent Placement (Coronary)
	Atherectomy - Directional, TEC and/or rotoblator		Intravascular Ultrasound and Doppler
	Balloon Valvuloplasty - Aortic		Endomyocardial Biopsy
	Balloon Valvuloplasty - Mitral		
Endovascular Procedures			
	Peripheral Arteriography		Extracranial Carotid Interventions
	Peripheral Interventions		Extracranial Vertebral Interventions
	AAA Stent Grafts - Request Separately		Cerebral Angiography
	Extracranial Carotid Arteriography		Cerebral Interventions
	Extracranial Vertebral Arteriography		
Electrophysiology lab Privileges			
	Diagnostic Electrophysiologic Studies		Lead Extraction
	Catheter Ablation Therapy		Tilt Table Testing
	Pacemaker Implants		Use of the Laser
	ICD Implants		
Noninvasive Lab Privileges			
	Cardiac Stress Testing		Stress Echocardiograms
	Transthoracic Echocardiograms		Cardiopulmonary Physiologic exercise testing
	Transesophageal Echocardiograms - requires moderate Sedation		Nuclear Cardiology

Signing below indicates that I am qualified to perform the services chosen on the checklist

Signature	Date