

**Kettering Medical Center  
Credentialing Criteria  
for**

**ENDOVASCULAR DIAGNOSTIC ANGIOGRAPHY**

These privileges refer to the performance and interpretation of both the carotid and peripheral angiography.

**Application for privileges requirements:**

1. Applicants for this procedure must be Board certified or eligible by an appropriate ABMS or AOA approved board, AND
2. Applicants for this procedure must have specific procedural education and training OR experience obtained through one of the following:
  - a. Qualification by Education and Training
    - i. Documented successful completion of an appropriate (ACGME accredited) fellowship training program, for which a case log must be supplied at the time of application for privileges and a letter from the program director attesting to the number of procedures performed and demonstrated clinical competence; and
    - ii. If more than two years out of the fellowship training, documentation of 12 hours of Category 1 CME specific to Diagnostic Angiography within the last two years and submission of 25 de-identified operative notes.

OR

- b. Qualification by Experience
  - i. An applicant may qualify by having previous experience in diagnostic angiography with acceptable, demonstrable complication and success rates as per national standards and/or as per standards as deemed acceptable and applicable by the Endovascular Subcommittee (ESC) and documented completion within the last 2 years of an Endovascular Sub-Committee (ESC) approved CME course dedicated to diagnostic angiography.
  - ii. The applicant must have been the primary operator in a minimum of 25 cases successfully conducted diagnostic angiograms from outside institutions and must submit a comprehensive and sequential case log must at the time of application for privileges.

**Requirements for continued privileges:**

1. All practitioners must participate in peer review activities as requested by EQC.
2. Once granted privileges, the practitioner must be able to demonstrate maintenance of competence by evidence of the performance of at least 24 percutaneous, image guided needle directed procedures in the past 24 months based on results of ongoing professional practice evaluations and outcomes.
3. Failure to maintain this number of cases of participate in required peer review activities will result in automatic expiration of privileges.
4. Documentation of 8 hours of relevant CME over the two-year reappointment cycle.