

**UPMC**  
**Delineation of Privileges Request**  
**Criteria Summary Sheet**

1

**Facility:** UPMC Mercy

**Specialty:** THORACIC SURGERY

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	Successful completion of a postgraduate residency program in thoracic surgery accredited by ACGME or the AOA
<b>CERTIFICATION</b>	Current certification or active participation in the examination process leading to certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery
<b>OTHER</b>	<ul style="list-style-type: none"><li>• Applicant must be able to provide documentation of the performance of at least 100 thoracic surgical procedures in the past two (2) years, or successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years</li></ul> <p><b><u>The applicant must provide certification and/or verification of additional training to request any of the special privileges listed below:</u></b></p> <p><b><u>Use of Laser</u></b>- Laser Certificate</p> <p><b><u>Administration of moderate sedation</u></b>- Adherence to Mercy hospital policy for Moderate sedation and current certification in ACLS, ATLS, PALS, or CPR for Healthcare Providers</p>