

**ATTACHMENT I
TO APPENDIX B OF UNOS BYLAWS**

Designated Transplant Program Criteria

A transplant program that meets the following criteria shall be qualified as a designated transplant program to receive organs for transplantation:

VI. Transplant Surgeon and Physician. The transplant program must identify a qualified primary surgeon and primary physician, the requirements for whom are specified below. The program director, in conjunction with the primary surgeon and primary physician, must submit written documentation that 100% surgical and medical coverage is provided by individuals credentialed by the institution to provide transplant service for the program. A transplant program served by a single surgeon or physician shall inform its patients of this fact and potential unavailability of one or both of these individuals, as applicable, during the year.

A. Renal Transplantation

1. Transplant Surgeon.

- a. The primary transplant surgeon must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The surgeon must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The surgeon must be on site at this hospital.
- c. The surgeon shall have and shall maintain current certification by either the American Board of Surgery, the American Board of Urology, the American Board of Osteopathic Surgery, or their foreign equivalent. If board certification in Urology is pending (as in the case of one just finished training) conditional approval may be granted for a 12-month period, with the possibility of its being renewed for an additional 12-month period to allow time for the completion of certification. The individual shall provide a letter from the hospital credentialing committee of the applicant program stating that the surgeon continues to meet all requirements to be in good standing.
- d. The surgeon shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by performance of sufficient numbers of transplant procedures, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

2. Transplant Physician.

- a. The primary transplant physician must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.

- b. The physician must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The physician must be on site at this hospital.
- c. The renal transplant physician will have and shall maintain current board certification or have achieved eligibility in nephrology or the subspecialty of his/her major area of interest by the American Board of Internal Medicine, the American Board of Pediatrics, or the foreign equivalent. The individual shall provide a letter from the hospital credentialing committee of the applicant program stating that the physician continues to meet all requirements to be in good standing.
- d. The physician shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by involvement with the primary care of sufficient numbers of transplant patients, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

B. Liver Transplantation

1. Transplant Surgeon.

- a. The primary transplant surgeon must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The surgeon must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The surgeon must be on site at this hospital.
- c. The surgeon shall have and shall maintain current certification by either the American Board of Surgery, the American Board of Urology, the American Board of Osteopathic Surgery, or their foreign equivalent. If board certification in Urology is pending (as in the case of one just finished training) conditional approval may be granted for a 12-month period, with the possibility of its being renewed for an additional 12-month period to allow time for the completion of certification. The individual shall provide a letter from the hospital credentialing committee of the applicant program stating that the surgeon continues to meet all requirements to be in good standing.
- d. The surgeon shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by performance of sufficient numbers of transplant procedures, as established from time to time by the Board of Directors in accordance with process set forth in Appendix C of these Bylaws.

2. Transplant Physician.

- a. The primary transplant physician must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.

- b. The physician must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The physician must be on site at this hospital.
- c. The liver transplant physician will have and shall maintain current board certification or have achieved eligibility in gastroenterology or the subspecialty of his/her major area of interest by the American Board of Internal Medicine, the American Board of Pediatrics, or the foreign equivalent. The individual shall provide a letter from the hospital credentialing committee of the applicant program stating that the physician continues to meet all requirements to be in good standing.
- d. The physician shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by involvement with the primary care of sufficient numbers of transplant patients, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

C. Pancreas Transplantation

1. Transplant Surgeon.

- a. The primary transplant surgeon must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The surgeon must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The surgeon must be on site at this hospital.
- c. The surgeon shall have and shall maintain current certification by either the American Board of Surgery, the American Board of Urology, the American Board of Osteopathic Surgery, or their foreign equivalent. If board certification in Urology is pending (as in the case of one just finished training) conditional approval may be granted for a 12-month period, with the possibility of its being renewed for an additional 12-month period to allow time for the completion of certification. The individual shall provide a letter from the hospital credentialing committee of the applicant program stating that the surgeon continues to meet all requirements to be in good standing.
- d. The surgeon shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by performance of sufficient numbers of transplant procedures, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

2. Transplant Physician.

- a. The primary transplant physician must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.

- b. The physician must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The physician must be on site at this hospital.
- c. The transplant physician shall have and shall maintain current certification by either the American Board of Internal Medicine, the American Board of Pediatrics, or their foreign equivalent. The individual shall provide a letter from the hospital credentialing committee of the applicant program stating that the physician continues to meet all requirements to be in good standing.
- d. The physician shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by involvement with the primary care of sufficient numbers of transplant patients, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

D. Pancreatic Islet Transplantation

- 1. Transplant Surgeon. The program must have on site a qualified surgeon who is designated as the primary surgeon for the pancreatic islet transplant program and meets the requirements for pancreas transplant surgeon set forth in these Bylaws, Appendix B, Attachment I, Section VI (C)(1).
- 2. Transplant Physician. The program must have on site a qualified physician who is designated as the primary physician for the pancreatic islet transplant program and meets the requirements for pancreas transplant physician set forth in these Bylaws, Appendix B, Attachment I, Section VI (C)(2).

E. Heart Transplantation

- 1. Transplant Surgeon.
 - a. The primary transplant surgeon must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
 - b. The surgeon must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The surgeon must be on site at this hospital.
 - c. The surgeon shall have and shall maintain current certification by the American Board of Thoracic Surgery or its equivalent. Board certification or its equivalent in thoracic surgery is understood as either its foreign equivalent or its equivalent in experience. If board certification in thoracic surgery is pending (as in the case of one just finished training) conditional approval may be granted for a 24-month period, with the possibility of its being renewed for an additional 24-month period to allow time for the completion of certification. The individual shall provide a letter from the hospital credentialing committee of the applicant hospital stating that the surgeon continues to meet all requirements to be in good standing. If an individual is certified by the American Board of Thoracic Surgery and its foreign equivalent, then the individual must maintain currency in the American Board.

- d. The surgeon shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by performance of sufficient numbers of transplant procedures, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

2. Transplant Physician.

- a. The primary transplant physician must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The physician must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The physician must be on site at this hospital. If the individual is certified by the American Board and its foreign equivalent, he/she must maintain currency in the American Board.
- c. The cardiac transplant physician will have and shall maintain current board certification or have achieved eligibility in adult or pediatric cardiology or the subspecialty of his/her major area of interest by the American Board of Internal Medicine or American Board of Pediatrics or their foreign equivalent. The individual shall provide a letter from the hospital credentialing committee of the applicant program stating that the physician continues to meet all requirements to be in good standing.
- d. The physician shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by involvement with the primary care of sufficient numbers of transplant patients, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

F. Lung Transplantation

1. Transplant Surgeon.

- a. The primary transplant surgeon must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The surgeon must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The surgeon must be on site at this hospital.
- c. The surgeon shall have and shall maintain current certification by the American Board of Thoracic Surgery or its equivalent. Board certification or its equivalent in thoracic surgery is understood as either its foreign equivalent or its equivalent in experience. If board certification in thoracic surgery is pending (as in the case of where the surgeon has just completed training) conditional approval may be granted for a 24-month period, with the possibility of its being renewed for an additional 24-month period to allow time for completion of certification. The individual shall provide a letter from the hospital

credentialing committee of the applicant program stating that the surgeon continues to meet all requirements to be in good standing.

- d. The surgeon shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by performance of sufficient numbers of transplant procedures, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

2. Transplant Physician.

- a. The primary transplant physician must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The physician must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The physician must be on site at this hospital.
- c. The lung transplant physician will have and shall maintain current board certification or have achieved eligibility in adult or pediatric pulmonary medicine or the subspecialty of his/her major area of interest by the American Board of Internal Medicine, the American Board of Pediatrics or the foreign equivalent. The individual shall provide a letter from the hospital credentialing committee of the applicant hospital stating that the physician continues to meet all requirements to be in good standing.
- d. The physician shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by involvement with the primary care of sufficient numbers of transplant patients, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

G. Heart/Lung Transplantation

1. Transplant Surgeon.

- a. The primary transplant surgeon must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The surgeon must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The surgeon must be on site at this hospital.
- c. The surgeon shall have and shall maintain current certification by the American Board of Thoracic Surgery or its equivalent. Board certification or its equivalent in thoracic surgery is understood as either its foreign equivalent or its equivalent in experience. If board certification in thoracic surgery is pending (as in the case of where the surgeon has just completed training) conditional approval may be granted for a 24-month period, with the possibility of its being renewed for an additional 24-month period to allow time for completion of certification. The individual shall provide a letter from the hospital

credentialing committee of the applicant program stating that the surgeon continues to meet all requirements to be in good standing.

- d. The surgeon shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by performance of sufficient numbers of transplant procedures, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.

2. Transplant Physician.

- a. The primary transplant physician must have a report from his/her hospital credentialing committee that the committee has reviewed the individual's state licensing, board certification, training and transplant CMEs and affirms that he/she is "currently" a member in good standing.
- b. The physician must be a physician with an M.D. or D.O. degree or equivalent degree from another country who is licensed to practice medicine in his/her state or political jurisdiction and has been accepted onto the medical staff of the applicant program's hospital. The physician must be on site at this hospital.
- c. The lung transplant physician will have and shall maintain current board certification or have achieved eligibility in adult or pediatric pulmonary medicine or the subspecialty of his/her major area of interest by the American Board of Internal Medicine, the American Board of Pediatrics or the foreign equivalent. The individual shall provide a letter from the hospital credentialing committee of the applicant hospital stating that the physician continues to meet all requirements to be in good standing.
- d. The physician shall meet such requirements for training and/or experience, including without limitation, demonstration of competence and currency by involvement with the primary care of sufficient numbers of transplant patients, as established from time to time by the Board of Directors in accordance with the process set forth in Appendix C of these Bylaws.