

Please Print Name _____

QUALIFICATIONS: Licensed physician (MD or DO) as defined in the Radiology Department Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

CORE DIAGNOSTIC RADIOLOGY PRIVILEGES: All Radiologists are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed residency. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience. A special privilege requires an estimate of the total number of cases managed (for initial privileges) or number of procedures performed in a specified period of time that are believed to be necessary to maintain clinical competence (for reappointment privileges)

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		General Diagnostic (Includes x-rays, CT, MRI, & US)			Doppler Ultrasound & Duplex Ultrasound

SPECIAL DIAGNOSTIC PRIVILEGES: Radiologists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable).

*** Percutaneous Vertebroplasty procedures, observation required, see attached criteria.

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		Endovascular Procedures (See separate privilege form)			
		Direct Cholangiography			Venography
		Biliary Stone Removal			Arthrography
		Hysterosalpingography			Amniocentesis
		Myleograms			Percutaneous Pain Management
		Therapeutic Embolizations			Discography
		Percutaneous Procedures to include: thoracentesis, paracentesis, drainage and cyst procedures.			Percutaneous Nephrostomy
		Percutaneous Radiofrequency Ablation			Percutaneous Biopsy
		TIPS			Lymphangiography
		Percutaneous Vertebroplasty (PV) Criteria Attached***			Percutaneous Gastrostomy
		Percutaneous Line Placement			Chest Tube Insertion
		Lumbar Puncture			Sialography

NUCLEAR MEDICINE PRIVILEGES: (see attached criteria for granting privileges)

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		Diagnostic			Therapeutic

SPECIAL PROCEDURE

REQ	APP	Privilege Requested:
		Conscious sedation (see attached criteria for granting privilege)

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges:

Applicant's Signature:	Date:
-------------------------------	--------------

DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Radiology Department Chairman/Vice Chairman	Date:
---	--------------

Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

Criteria for Percutaneous Vertebroplasty (PV) Credentials

1. Board Eligible/Board Certification in Anesthesiology (pain management) or Radiology with IR or neuroradiology fellowships, or greater than one year, or have comparable training and experience as determined appropriate by the Anesthesia Section/Department of Surgery or Radiology Section/Department of Hospital Services.
2. Advanced experience and knowledge in medical imaging to include: plain film x-ray, nuclear medicine, MRI, CT and dual fluoroscopic imaging with venography.
3. Successful completion of an accredited course approved by the American Medical Association in vertebroplasty which must include hands-on experience with actual percutaneous vertebral needle placement in at least four (4) separate locations as the primary operator of course.
4. Must be supervised on the first four (4) separate needle placements and glue injections or two (2) separate patient procedures with success. A physician having PV privileges at John C. Lincoln Hospital – Deer Valley must supervise this.
5. The physician is not to exceed two levels per procedure until a minimum of 10 cases is performed unsupervised. Physician is to note the level of procedures to be performed in the patient's informed consent for treatment.

NUCLEAR MEDICINE CRITERIA

Initial Qualifications:

- Certification or board exam eligible in Radiology or Diagnostic Radiology or Nuclear Radiology by the American Board of Radiology and /or the American Osteopathic Board of Radiology.
- Must satisfy all applicable state and federal regulations that pertain to the *in vivo* use of radiopharmaceuticals and performance of imaging procedures.

Continuing Education:

- Obtain continuing medical education (CME) over a 3-year period in accordance with the guidelines required by the state licensing or certification boards.