

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
Phoenix, Arizona

**PRIVILEGE DELINEATION CHECKLIST
FOR RADIATION ONCOLOGY PRIVILEGES**

Physician:			Specialty:		
Privileges within this department are divided into two types cognitive and procedural. The cognitive privilege list includes those illnesses and problems commonly seen in this specialty. The procedure list includes those procedures commonly performed in treating patients in this department. The list is only representative and is not the entire scope of disease process treated and managed or skills performed. Privileges granted will allow you to treat patients as delineated.					
Active Candidate			Diplomate		
Req	App		Req	App	
		American Board of Radiology with a minimum of two years experience in Radiation Therapy.			American Board of Radiology in Therapeutic Radiology
		A. Intracavitary Radioactive implants			
		B. Administration of Superficial X-Ray Therapy			
		C. Other Requests:			
		PROCEDURAL SEDATION SEE CRITERIA ON WEBSITE: WWW.JCL.COM/CREDENTIALING			
Applicant's Signature: By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.					Date
APPROVALS:					
SIGNATURE: Department Chairman/Representative					Date
Executive Committee Date			Board of Directors Date		

Revised 4/00
Revised 2/11