

Radiology

Name: _____

MEDICAL STAFF CATEGORY REQUESTED:

- Active* – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.
- Courtesy* - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.
- Consulting* – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.

Qualifications:

To be eligible for privileges in radiology, the applicant must meet the following qualifications:

- Documentation of the performance and interpretation of a volume of radiologic tests or procedures commensurate with the subspecialty; and
- Current certification or eligibility to participate in the examination process leading to certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology; and
- Successful completion of an ACGME- or AOA- accredited residency in radiology or a subspecialty of radiology.

Radiology Privileges (Please indicate with a check mark the privileges requested)

- General diagnostic radiology, diagnostic ultrasound, diagnostic neuroradiology, diagnostic invasive procedures and diagnostic body imaging,
- Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures, breast needle localization.
- Computed tomography (CT). CT-guided biopsy, and drainage procedures.
- Myelography
- Ultrasound imaging: general diagnostic ultrasound, arterial and venous Doppler exams, intra-cavitary ultrasound, ultrasound-guided biopsy and drainage procedures, intraoperative ultrasound, Post Volume Recording (PVR)
- Magnetic resonance imaging (MRI)
- MRI of the breast
- MRI guided biopsy of the breast

SPECIAL PROCEDURES PRIVILEGES: (Please indicate with a check mark the privileges requested)

To be eligible to apply for a special procedure privileges listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure within the last two (2) years, consistent with the criteria set forth here.

Procedure	Criteria	Requested	Recommended	Not Recommended
Percutaneous aspiration and biopsy of deep structures	5 Cases			
Moderate Sedation*	ACLS			

***Moderate Sedation**

- Promoting a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.

Acknowledgement of practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake**, and

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: _____ Recommend _____ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):
