
Applicant Name

St. Elizabeth Healthcare
Radiation Oncology

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in radiation oncology

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in radiation oncology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

Privileges Requested

I. Core Privileges: Core privileges in radiation oncology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

<u>Request</u>	<u>Description of Privilege</u>
_____	Admit patients, perform histories and physicals and use high-energy radiation to treat patients with cancer. Core privileges include patient evaluations, use of diagnostic modalities, including x-rays, MIR/PET scans, nuclear medicine procedures, devising strategies to accomplish desired goals of radiation treatment plans, plan and approve radiation treatment, use of a linear accelerator for treatment of patients, using LDR brachytherapy sources for internal radiation, use of radiopharmaceuticals for the systemic treatment of bone metastases and the provision of follow-up care for patients, including end of life care/hospice care
_____	HDR Brachytherapy – vaginal cuff
_____	Moderate Sedation (requires proof of (a) board certification in

Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine *or* (b) current ACLS Certification *or* (c) satisfactory completion of the ASA Moderate Sedation course).

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all “Additional Requirements” listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

<u>Request</u>	<u>Description of Privilege</u>	<u>Additional Requirements</u>
_____	Stereotactic radiosurgery	Residency training <u>or</u> post-residency training <u>or</u> mentoring by credentialed Member for 10 cases
_____	HDR Brachytherapy – cervical insertion	Residency training or post-residency training or mentoring by credentialed Member for 5 cases
_____	HDR Brachytherapy – bronchial insertion	Residency training or post-residency training or mentoring by credentialed Member for 10 cases
_____	Intensity Modulated Radiation Therapy/Image Guided Radiation Therapy	Residency training or post-residency training or mentoring by credentialed Member for 5 cases for each specific site (e.g., breast, lung, brain, head and neck, pelvis)

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: