
Applicant Name

St. Elizabeth Healthcare
Radiology

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in radiology or its equivalent

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 radiology, 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 radiology 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.

Request

Description of Privilege

_____ **Diagnostic Radiology:** Admit patients, perform histories and physicals and interpret all imaging procedures including: plain film, diagnostic ultrasound, diagnostic nuclear medicine, mammography, computer tomography, CT angiography (peripheral, cerebral, coronary); fluoroscopy of all radiologic procedures, IV access and MRI. Privileges include authority to modify an order from another practitioner for any of the foregoing radiological procedures or order additional such procedures for a patient who has been referred to the radiologist for one of the foregoing procedures, with advance notification of such modification or additional procedures to the referring practitioner where reasonably practical.

_____ Moderate Sedation (requires proof of (a) board certification in

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

_____ Telemedicine Privileges: Diagnostic radiology including the reading and interpretation of any diagnostic imaging study that can be sent over a telemedicine link, such as CT scans, ultrasound, plain films, MRIs, X-rays and nuclear medicine.

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 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>
_____	A. Diagnostic Angiography	
_____	1. Peripheral	100 procedures, 50 as primary operator
_____	2. Carotid	50 procedures, 25 as primary operator
_____	B. Endovascular Interventions	
_____	1. Peripheral	50 procedures, 25 as primary operator
_____	2. Carotid	50 procedures, 10 involving carotid artery, plus industry certification
_____	3. Thrombolysis	10 cases
_____	4. IVC filter	
_____	a. Placement	
_____	b. Retrieval	
_____	5. TIPS	

6. Embolization
7. Vein ablation
8. Endovascular stent graft aneurysm repair (EVAR, TEVAR)

Five endovascular stent graft procedures via

- a. Prior practice at the Hospital
- b. Under supervision of a privileged endovascular stent graft surgeon
- c. An approved training program
- d. Practice at another acute care hospital

C. MSK Procedures

1. Lumbar Puncture
2. Myelography
3. Joint aspiration and injection
4. ESI
5. Vertebroplasty
6. Kyphoplasty
7. Sacroplasty
8. Nerve ablation/block
9. Therapeutic facet joint intervention

D. Vascular Access

1. PICC
2. Acute central line, non-tunneled HD catheter
3. Tunneled HD catheter
4. Port

E. Biopsy and Drainage

1. Routine imaging guided biopsy and drainage
2. Thoracentesis

- _____ 3. Paracentesis
- _____ 4. Chest tube insertion
- _____ 5. Hepatobiliary
- _____ 6. Genitourinary
- _____ 7. Breast biopsy (MQSA qualifications)
 - _____ a. Stereo
 - _____ b. US
 - _____ c. MRI

F. Oncologic Intervention

- _____ 1. Tumor Ablation
 - _____ a. RF
 - _____ b. Cryo
- _____ 2. Chemoembolization

G. Radioiodine treatment of hyperthyroidism

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: