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ST. ELIZABETH - EDGEWOOD ST. ELIZABETH - FLORENCE

ST. ELIZABETH - FT. THOMAS

Privileges for: Radiation Oncology

ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, Rev. February 27, 2014

Board Approval: September 14, 2009, Rev. September 13, 2010, May 5, 2014

DEPARTMENT APPROVAL

Approved	Disapproved	
Department/Section Chair Si	gnature	 Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

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

Note: For Practitoners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, 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

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

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.

DESCRIPTION OF CORE PRIVILEGES

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 (only available at EDGEWOOD & FT. THOMAS), 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	- Interstitial	(includes	breast and	prostate)	١
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HDR Brachytherapy - Intracavitary (includes vagina, uterus, esophagus and bronchial tubes)

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).

Privileges for:	Radiation Oncology				
Request					
	Anesthesia Section Chair	Date			
	Intensity Modulated Radiation Therapy/Image Guided Radiation Therapy - 77338, 77418, 4165F				
	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.				
	DESCRIPTION OF ADDITIONAL PRIVILEGES				
	Stereotactic radiotherapy - 32701, 77373, 77435				
	(ADDITIONAL REQUIREMENT: Residency training or post-residency training or mentoring by credentialed Member for 10 cases)				
Applicants Sig	gnature:	Date:			

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