

# PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Radiology,

## Current Privilege Status Key

Practitioner's Current Privilege status is signified in ( ) preceding each privilege.

G = Granted	W = Withdrawn	T = Temporary	P = With Proctor
A = Assist with	C = With Consult	E = Emergency Only	RQ = Requested
L = Leave of Absence	R = Resigned	S = Suspended	

## Admission Privileges - Full

Requested      Granted

\_\_\_\_\_ ( ) Admission Privileges - Full

## Admission Privileges - Affiliate

Requested      Granted

\_\_\_\_\_ ( ) Affiliate privileges allow the physician to arrange for admission of a patient for inpatient care. (S)he is then responsible for arranging for a medical staff member of the appropriate specialty, who holds full admitting privileges, to assume responsibility for the medical management of the patient. That physician is then responsible for admission and inpatient orders.

The admission history and physical may be performed by either the affiliate physician or physician managing the patient. The affiliate physician is responsible for documenting the name of the physician who is assuming the inpatient care.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

The affiliate physician does not have privileges for inpatient care.

\*\* By requesting Affiliate status, you are agreeing to withdraw your existing privileges.  
If Affiliate checked, do not complete the rest of this form. \*\*

## Department of Radiology

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

- Successful completion of an ACGME or AOA accredited residency in radiology or subspecialty, and
- Current certification or active participation in the examination process leading to certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

Date: 1985

Reviewed/Revised: Dec 1988, Dec 1989, Nov 2010

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## General Diagnostic Radiology

Requested      Granted

\_\_\_\_\_      \_\_\_\_\_

(      ) Core Privileges

- Plain x-ray interpretation
- MRI interpretation
- MRI angiography
- Computerized tomography (excludes coronary/cardiac CT angiography)
- Ultrasonography
- Fluoroscopy
- Nuclear medicine studies according to licensure (except cardiac and prostacint imaging)
- CT-PET imaging
- Bone densitometry
- Video pharyngograms
- Myelography
- Lumbar puncture
- Joint aspiration and injection (therapeutic or diagnostic)
- Hysterosalpingograms
- Sonohysterograms
- Cyst aspiration
- Fine needle aspiration (FNA) thyroid biopsy
- Nasogastric tube placement
- Nasoduodenal tube placement (therapeutic and diagnostic)
- Voiding cystourethrograms
- Imaging of external ductal structures

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## Interventional Radiology

Any future new applicants (as of November 11, 2010) for Core Privileges in Interventional Radiology must have completed an accredited fellowship in Interventional Radiology.

Requested      Granted

- \_\_\_\_\_      \_\_\_\_\_      (      ) Core Privilege
- Diagnostic arterial, venous and pulmonary angiography
  - Venography
  - Angioplasty (excludes coronary and cervicocerebral angioplasty)
  - Stent placement (excludes coronary stent placement)
  - Vena cava filter placement
  - Embolization (excludes neurologic or central nervous system)
  - Thrombectomy (includes intracranial)
  - Thrombolysis (excludes stroke thrombolysis)
  - Transvenous intrahepatic portosystemic shunt (TIPS) procedure
  - Stone removal (renal and biliary)
  - Foreign body removal (non endoscopic)
  - Image guided biopsy
  - Nephrostomy tube placement
  - Biliary drainage
  - Percutaneous fluid/abscess drainage
  - Gastrostomy tube placement
  - Gastrojejunostomy tube placement
  - Venous central catheter placement (including peripherally inserted and tunneled catheters and tunneled subcutaneous ports)
  - Interpretation of noninvasive vascular laboratory studies including vascular ultrasound
  - CT Angiography (excludes coronary CT angiography)
  - MR angiography

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## Special Procedures

The following procedures require additional training and have initial as well as maintenance privilege criteria.

Requested	Granted	
_____	_____	( ) Coronary CT angiography *
_____	_____	( ) Moderate (conscious) sedation*
_____	_____	( ) Mammography with needle localization *
_____	_____	( ) Ultrasound guided breast biopsy *
_____	_____	( ) Stereotactic breast biopsy *
_____	_____	( ) MRI guided breast biopsy *
_____	_____	( ) Nuclear cardiac examinations *
_____	_____	( ) Prostacint imaging *
_____	_____	( ) Percutaneous transarterial intracranial thrombolysis *
_____	_____	( ) Percutaneous vertebroplasty/oestoplasty *
_____	_____	( ) Kyphoplasty *
_____	_____	( ) Mammography *
_____	_____	( ) Galactogram *
_____	_____	( ) Cervicocerebral arteriography*
_____	_____	( ) Carotid interventions *

## Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* specific privilege criteria or requires evidence of education and experience