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W = Withdrawn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 - 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
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 prostatic 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
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

- 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
## Special Procedures

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

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<thead>
<tr>
<th>Requested</th>
<th>Granted</th>
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<tbody>
<tr>
<td></td>
<td>( ) Coronary CT angiography *</td>
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<td>( ) Moderate (conscious) sedation*</td>
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<td>( ) Mammography with needle localization *</td>
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<td>( ) Ultrasound guided breast biopsy *</td>
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<td>( ) Stereotactic breast biopsy *</td>
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<td>( ) MRI guided breast biopsy *</td>
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<td>( ) Nuclear cardiac examinations *</td>
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<td>( ) Prostacint imaging *</td>
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<td>( ) Percutaneous transarterial intracranial thrombolysis *</td>
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<td>( ) Percutaneous vertebroplasty/oestoplasty *</td>
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<td>( ) Mammography *</td>
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<td>( ) Galactogram *</td>
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<td>( ) Cervicocerebral arteriography*</td>
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<td>( ) Carotid interventions *</td>
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## 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