



Privileges in Radiology Service, General Radiology

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an accredited ACGME or AOA residency/fellowship in diagnostic radiology or foreign equivalent training.

OR

Successful completion of residency training in Diagnostic Radiology in a non-American program

AND

Current certification or active participation in the examination process leading to certification in diagnostic radiology by the American Board of Radiology or the American Osteopathic Board of Radiology or foreign equivalent training/board.

AND

Valid Radiology Supervisor and Operator Certificate or Radiography Supervisor and Operator Permit

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Provide care on LPCH patients in specific areas of SHC

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges included in the Core are:	
	Privileges to admit, diagnose, perform history and physical exam, and consult through diagnostic workup planning, radiation monitoring, performing and interpreting diagnostic procedures.	
	Routine radiographic studies including the head, neck, chest, abdomen, and extremities	
	Computer tomography of the head, neck, chest, abdomen, extremities, and cardiovascular system	
	Magnetic resonance imaging of the head, neck, chest, abdomen, extremities, and cardiovascular system	
	Fluoroscopic procedures	
	Radiologic procedures of the genitourinary and gastrointestinal tracts	
	Radiologic procedures upon the musculoskeletal system	
	CT guided biopsies	
	Ultrasound procedures	
	Advanced ultrasound procedures: endovaginal ultrasound, Doppler imaging of veins and arteries	
	Diagnostic neuroradiology	

Qualifications

Renewal Criteria Minimum 40 Core cases required during the past 2 years
 Maintain current certification or active participation in the examination process leading to certification in diagnostic radiology by the American Board of Radiology or the American Osteopathic Board of Radiology or foreign equivalent training/board.

FPPE

Core - Applicant must meet with Proctor to discuss completed cases/charts.

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Care of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Membership and privileges at LPCH]	
	Mammography [CRITERIA - Initial - Documentation of 960 cases read in 2 years; 15 Category 1 CME credits in Mammography; Quality Assurance Documentation. Renewal - Documentation of a minimum of 960 cases required during the past 2 years]	
	MR-guided Breast Procedures [CRITERIA - Initial - 24 MR-guided breast procedures in 2 years. Renewal - Minimum 24 cases required during the past 2 years]	
	Mammography Stereotactic Biopsies [CRITERIA - Initial - 24 Stereotactic biopsies in 2 years; 3 Category 1 CME credits in stereotactic biopsies in 3 years. Renewal - Minimum 24 cases required during the past 2 years]	
	Mammography Ultrasound Guided Biopsies [CRITERIA - Initial - 12 Ultrasound guided biopsies in 1 year; 3 Category 1 CME credits in Ultrasound guided biopsies in 3 years. Renewal - Minimum 24 cases required during the past 2 years]	
	Neurointerventional radiology [CRITERIA - Initial - Neuroradiology fellowship or practicing in neurointerventional radiology and done a minimum of 150 interventions to include therapeutic interventions, cerebral angiograms, and spinal angiograms cases in the past two years. Renewal - Minimum 150 cases required during the past 2 years]	
	Diagnostic and therapeutic general angiography and vascular interventions [CRITERIA - Initial - One yr special training or practicing in diagnostic and therapeutic general angiography and done a minimum of 150 cases in the past two years. Renewal - Minimum 150 cases required during the past 2 years]	
	Nonvascular interventional procedures [CRITERIA - Initial - One yr special training or practicing in nonvascular interventional procedures and done a minimum of 150 cases in the past two years. Renewal - Minimum 150 cases required during the past 2 years]	
	Carotid Stenting [CRITERIA - Initial - Documentation of completion of 75 cerebral angiograms and 10 stent procedures required. Renewal - 75 cerebral angiograms required. Minimum of 10 interventions in the carotid circulation to include angioplasty, stent placement, or thrombectomy required during the past 2 years]	

[applicant]

	Cardiac Imaging [CRITERIA - Meeting core privilege criteria for radiology training or equivalency is not required. Initial - Successful completion of an ACGME or AOA accredited Fellowship in cardiology or foreign equivalent training with additional 1-year fellowship training in cardiac CT and MR imaging. Current certification or active participation in the examination process leading to certification in cardiology by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine or foreign equivalent training/board. All cardiac imaging studies will be interpreted in conjunction with a radiologist who is responsible for non-cardiac findings. Prior approval from the Chair of Radiology or designee. Must maintain "Active" or "Courtesy Teaching" category. Renewal - Minimum 70 cases required during the past 2 years]	
	Courtesy Admitting Cancer Center South Bay Site Only - Interpretation of radiographic studies only [CRITERIA - Initial - Must meet education/training requirements for Core privileges and have Courtesy Admitting Appointment. Renewal - Minimum of 10 cases at Cancer Center South Bay during past two years]	

FPPE

- Administration of Moderate Sedation
- Neurointerventional radiology
- Diagnostic and therapeutic general angiography and vascular interventions
- Nonvascular interventional procedures
- Carotid Stenting
- Mammography
- Mammography Stereotactic Biopsies
- Mammography Ultrasound Guided Biopsies
- MR-guided Breast Procedures
- Cardiac Imaging - (Chart Review)
- Cardiac Imaging - (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

[applicant]

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date