

Medical Physicist

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC Jax 2 – BMC Beaches 3 – BMC Nassau 4 – SV Southside 5 – SV Riverside
 6 – Shands Jax/SJ 7 – Wolfson 8 – Brooks 9 – South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	DIAGNOSTIC RADIOLOGICAL PHYSICS CORE PRIVILEGES	APPR
										Evaluation of radiological imaging procedures prior to clinical use. Development/evaluation of policies and procedures related to the appropriate clinical use of radiation for imaging purposes. Development and management of a comprehensive quality management program that monitors and evaluates critical imaging equipment and processes. Review of diagnostic imaging dosimetry information noted. [Hospitals 1, 2, 3, 7, 9⁺⁺]	

1	2	3	4	5	6	7	8	9	10	THERAPEUTIC RADIOLOGICAL PHYSICS CORE PRIVILEGES	APPR
										Evaluation of radiation oncology technical procedures prior to clinical use. Development/evaluation of policies and procedures related to the appropriate therapeutic use of radiation. Review of radiation oncology dosimetry information noted in patient records. Development and management of a comprehensive quality management program that monitors and evaluates critical radiation oncology equipment and processes. Consultation on patient or personnel radiation dose and associated risks. [Hospitals 1, 2, 3, 7, 9⁺⁺]	

1	2	3	4	5	6	7	8	9	10	MEDICAL NUCLEAR CORE PRIVILEGES	APPR
										Evaluation of nuclear imaging and radioactivity measurement procedures prior to clinical use. Development/evaluation of policies and procedures related to the appropriate clinical use of radiation for nuclear imaging and/or radioactivity measurement purposes. Review of radiopharmaceutical dosimetry information noted in patient records. Development and management of a comprehensive quality management program that monitors and evaluates critical nuclear imaging and radioactivity measurement equipment and processes. Development/evaluation of a comprehensive clinical radiation safety program in nuclear medicine. Consultation on patient or personnel radiation dose and associated risks. [Hospitals 1, 2, 3, 7, 9⁺⁺]	

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ Date: _____

Supervising Physician Signature: _____ Date: _____

- If blacked out, this privilege is not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.