

RADIATION ONCOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - 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 those privileges.

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

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Work-up, consultation, treatment planning, history and physical examinations, computer isodose plans, simulation, interstitial or endocavitary radioactive implants, external beam radiotherapy, oral and parenteral therapeutic radioisotope administration and use of afterloading/removable radiation sources* - conventional rate. [Hospitals ++ 2] (*Must meet State of Florida criteria to be included on hospital's nuclear medicine license.)	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that are not routinely part of training, and may require proof of training or experience.	APPR
										Hyperthermia	
										Linear accelerator based stereostatic radiosurgery [Hospitals ++ 6, 7, 8]	
										Gamma Knife stereostatic radiosurgery [Hospitals ++ 5]	

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: _____

■ Privilege 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.