

RADIOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Jax/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
										Diagnostic Radiology: Performance of a variety of diagnostic imaging techniques, including all aspects of roentgen diagnosis, diagnostic ultrasound (exclusive of echocardiography), computed tomography (CT), and magnetic resonance imaging (MRI), including other forms of energy for medical imaging. Includes venography by direct needle puncture and jejunal tube placement. Includes history and physical examinations.	
										Nuclear Radiology: Diagnostic imaging techniques involving external detection of the bio-distribution in the body of radionuclides for diagnosis of disease. Includes the use of radionuclides for therapeutic procedures such as thyroid ablation. Includes history and physical examinations. [++Hospital 1, 4, 5, 7, 9, 10] [++Hospital 2 - Consultative privileges only]	
										Non-Vascular Interventional Radiology: Diagnosis and treatment of disease using percutaneous methods guided by imaging. Includes history and physical examinations.	
										Interpretation Only: Provision of radiological interpretations of plain film, roentgen diagnosis or diagnostic ultrasound for patient care and treatment	
										Teleradiology: Interpretation of diagnostic medical images by way of digital transmission and display of the images, which include general diagnostic ultrasound (exclusive of echocardiographys), radiography, computer tomography (CT) and magnetic resonance imaging (MRI), including other forms of energy for medical imaging to originating site from a distant site (site of reading).	

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 for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES	APPR
										Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Imaging guided percutaneous tumor ablation [++Hospitals 2]	
										Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 7, 8, 10]	
										Varicose Vein Ablation using a Laser [++Hospitals 1, 6]	
										BODY ANGIO DIAGNOSTIC/INTERVENTIONAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	

■ Privilege not available in this specialty at this hospital.

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										Angiography, angioplasty, atherectomy, thrombolysis, stent placement, embolization (<i>extremity (arms and legs) and all vessels supplying them including the thoracic and abdominal aorta; renal arteries, mesenteric arteries, and visceral organs; and pulmonary circulation</i>), arterial or venous [++Hospitals 1, 2, 3, 6, 7, 8]	
										Angiography, angioplasty, atherectomy, thrombolysis, stent placement, embolization (<i>extracranial cerebral circulation including the vertebrals and carotids</i>), arterial or venous [++Hospitals 1, 2, 3, 6, 7, 8]	
										Coronary arteriography – diagnostic <i>venous</i> [++Hospitals 1, 2, 4, 5, 6, 10]	
										Coronary arteriography – interventional <i>venous</i> [++Hospitals 1, 2, 4, 5, 6, 9, 10]	
										Endovascular Abdominal or Thoracic Aortic Stent Graft [++Hospital 1, 4, 5, 6, 9, 10]	
										Imaging guided biopsy, cyst puncture, abscess drainage [++Hospitals 2, 4, 5, 6, 10]	
										IVC filter placement	
										Percutaneous biliary drainage, stone extraction, stent placement [++Hospitals 2, 4, 5, 6, 10]	
										Percutaneous cholangiography [++Hospitals 2, 6, 8]	
										Percutaneous gastrostomy/gastrojejunostomy tube placement [++Hospitals 2, 4, 5, 6, 10]	
										Percutaneous intra-arterial chemotherapy [++Hospitals 6]	
										Percutaneous nephrostomy for drainage, stone extraction, or stent placement [++Hospitals 2, 4, 5, 6, 10]	
										Percutaneous transhepatic portal vein catheterization	
										PICC and other venous access port placement	
										TIPS (percutaneous transjugular portasystemic shunt) [++Hospitals 1, 2, 6, 7, 9]	
										Transluminal image-guided biopsy	
										NEUROANGIOGRAPHY (Diagnostic) Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Arch and cerebral angiography [++Hospitals 2, 4, 5, 6, 10]	
										Diskography [++Hospitals 2, 4, 5, 10]	
										Extracranial, intracranial, carotid and vertebral angiography [++Hospitals 2, 4, 5, 6, 10]	
										Myelography [++Hospitals 2, 4, 5, 6, 10]	
										Spinal angiography [++Hospitals 2, 4, 5, 10]	

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										NEUROINTERVENTIONAL Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Angioplasty, atherectomy, thrombolysis, stent placement, embolization, aneurysm coiling, AVM gluing, intracranial or extracranial cerebrovascular system, arterial or venous interventions [++Hospitals 2, 4, 5, 6, 10]	
										Kyphoplasty [++Hospitals 1, 3, 4, 5, 6, 9, 10]	
										Percutaneous Disc Nucleoplasty TM [++Hospitals 1, 4, 5, 6, 10]	
										Pain Management including nerve block, facet block, epidural injection, and S-I joint injection [++Hospitals 2, 4, 5, 10]	
										Percutaneous vertebroplasty [++Hospitals 1, 4, 5, 6, 9, 10]	
										MUSCULOSKELETAL INTERVENTION Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Arthrography [++Hospitals 2]	
										Pain Management including nerve block, facet block, epidural injection, joint injection, periarticular injection [++Hospitals 2, 4, 5, 10]	
										CARDIOVASCULAR IMAGING Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Cardiac computed tomography (CT)	
										Cardiac magnetic resonance imaging (MRI)	
										Echocardiography [++Hospitals 2, 6, 7, 8]	
										BREAST INTERVENTION AND DIAGNOSIS Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Computed tomography (CT) guided needle/wire localization [++Hospitals 2, 6, 8]	
										Magnetic resonance imaging (MRI) guided needle/wire localization [++Hospitals 2, 8]	
										Magnetic resonance imaging (MRI) guided percutaneous breast biopsies [++Hospitals 1, 2, 7, 8]	
										Percutaneous stereotactic breast biopsies [++Hospitals 1, 2, 7, 8]	
										Screening and Diagnostic mammography [++Hospitals 1, 8, 12]	
										Ultrasound guided needle localization [++Hospitals 1, 2, 7, 8, 12]	
										Ultrasound guided percutaneous breast biopsies [++Hospitals 1, 2, 7, 8]	
										X-ray guided needle localization [++Hospitals 1, 2, 8]	

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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: _____

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