

**REGISTERED RADIOLOGIST ASSISTANT / RADIOLOGY PRACTITIONER ASSISTANT  
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 Jax      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 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	RADIOLOGY ASSISTANT CORE PRIVILEGES	APPR
										Initial and ongoing assessment of patient's medical, physical, and psychosocial status, including: conduct and record history and physical; develop treatment plan; provide patient education; perform rounds; record progress notes; and write discharge summary. <b>All privileges are conducted under the supervision of a radiologist and do not take the place of timely radiologist visits.</b>	

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 appropriate 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 training, and/or may require proof of additional training or experience. <u>Special procedures must be performed under the direct supervision of a radiologist.</u>	
										Pre- and Post- Procedural Care	
										Wound Closure with Suture and Post-Operative Wound Care	
										Local Infiltrative Anesthesia Administration	
										Lumbar Puncture	
										Myelogram via Lumbar Puncture	
										Ultrasound Guidance for Vascular Access	
										Imaging Guided Thoracentesis/ Paracentesis (with or without pigtail placement)	
										Imaging Guided Biopsy, Cyst Puncture, Abscess Drainage	
										PICC Placement	
										Non-tunneled Central Venous Line Placement <b>[++Hospital 6]</b>	
										Tunneled Central Venous Line Placement <b>[++Hospital 6]</b>	
										Subcutaneous Port Placement <b>[++Hospital 6]</b>	
										Central Venous Catheter (tunneled and non-tunneled) Exchange Over Wire	
										Subcutaneous Port Exchange Over Wire and/or Removal <b>[++Hospital 6]</b>	
										Extremity Venography	
										Fluoroscopic GI Imaging (Esophogram, Upper GI, BE, etc.)	
										Cholangiography / Pyelography via Existing Catheter <b>[++Hospital 6]</b>	

■ 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.

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										<b>SPECIAL PROCEDURES</b>	
1	2	3	4	5	6	7	8	9	10	Procedures that may not be part of training, and/or may require proof of additional training or experience. <u>Special procedures must be performed under the direct supervision of a radiologist.</u>	APPR
										Exchange of Biliary / Nephrostomy Tubes [++Hospital 6]	
										Nasogastric, Orogastric tube placements	
										Percutaneous Gastrostomy / Gastrojejunostomy Tube Placement [++Hospital 6]	
										Obtaining Arterial Access for Arteriography [++Hospital 6]	
										Use of Vascular Closure Devices for Arteriotomy Closure [++Hospital 6]	
										Peripheral Diagnostic Arteriography [++Hospital 6]	
										Dialysis Fistula/Graft Venography [++Hospital 6]	
										Dialysis Fistula/Graft Angioplasty [++Hospital 6]	
										Nephrostomy [++Hospital 6]	
										Joint Injections/Arthrography	
										Hysterosapingography	
										Breast Biopsy / Needle Localization [++Hospital 6]	

**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:** \_\_\_\_\_  
**Acknowledgment of Supervising Physician:** The above named practitioner shall be under my supervision (direct or indirect in accordance with the laws of the State of Florida) in the exercise of clinical privileges. I acknowledge that the above named practitioner is competent and qualified to perform the requested privileges.

**Supervising Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.  
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