

SONOGRAPHER (RDMS) PRIVILEGE FORM

NAME: _____ **EFFECTIVE DATE:** _____ to _____

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.

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

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
										Assist physicians in procedures; i.e. Amniocentesis, PVBS-Corpocentesis	
										Perform U/S to expedite consults	
										Assist with intrauterine fetal blood transfusions	
										Perform Biophysical profile (BPP)	

 Privilege not available in this specialty at this hospital.

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:** _____

Acknowledgement of Supervising Physician: The above-named practitioner shall be under my direct supervision in the exercise of clinical privileges. I acknowledge 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:** _____