



Nuclear Medicine KHMC & KHMB & KHTR
Delineation of Privileges

Applicant's Name: _____

Instructions:

- 1. Click the Request checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Table with 2 columns: Requirement Category and Description. Categories include Membership, Education/Training, Certification, Clinical Experience (Initial), and Clinical Experience (Reappointment).

Core Privileges Nuclear Medicine

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Diagnose, consult, evaluate, and provide therapy to the metabolic, physiologic, and pathologic conditions of the body utilizing clinical and laboratory methods that employ the measured nuclear properties of radioactive and stable nuclides. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
			Performance or interpretation of:
			Comply with state and federal regulation regarding the medical use of radioactive materials and management of radioactively contaminated patients and facilities
			Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals
			Perform history and physical exam
			Supervise the preparation, administration, and the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
			Supervise the preparation, administration, and use of unsealed radionuclides for therapeutic purposes
			Core Procedure tests may include:
			Adrenal imaging
			Body composition studies
			Brain imaging
			Cisternography
			Cisternography w/ lumbar puncture
			DXA (Bone Mineral Density)
			Endocrine imaging
			Gastrointestinal imaging
			Hepatic and biliary imaging
			Infection localization
			In vitro (non-imaging studies)
			Lymphoscintigraphy
			Nuclear Cardiac Imaging
			PET Cardiac Imaging
			Pulmonary imaging
			Renal and genitourinary imaging
			RN Angiography (venography)
			Skeletal (bone) imaging
			SPECT imaging
			Splenic and bone marrow imaging

			Thyroid imaging and uptake studies
			Tumor imaging

Special NonCore Privileges (See Specific Criteria)

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Special Noncore Privileges

Nuclear Medicine Stress Testing - Supervision and Interpretation

Qualifications

Clinical Experience (Initial) Must have privileges in Nuclear Medicine at KHMC
AND
 Maintenance of ACLS
AND
 Participation in at least 50 stress tests during residency/fellowship
OR
 Experience whereby the individual has performed stress testing on a regular basis and substantial basis for more than (3) three years (minimum of 150 procedures).

Clinical Experience (Reappointment) Participation in at least 50 stress tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes and maintenance of ACLS.

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Nuclear Medicine Stress Testing - Supervision and Interpretation

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy Hospital and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules

applicable generally and any applicable to the particular situation.

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 the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date