



**Nuclear Medicine KHDO**  
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 the 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.

**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.***

**Required Qualifications**

**Membership** Criteria for membership in the Section of Nuclear Medicine shall be consistent and comply with the by-laws and policies of the professional staff and of the Hospital Board of Directors at Kettering Health Dayton and Kettering Health Washington Township.

**AND**

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

**Education/Training** Members shall comply with the training requirements as specified by the American College of Osteopathic Internists, American Osteopathic Board of Nuclear Medicine or the American Board of Nuclear Medicine.

To be eligible for core privileges in nuclear medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) - or American Osteopathic Association (AOA)-accredited residency in nuclear medicine.

**AND**

Current certification or active participation in the examination process with achievement of certification within three years leading to certification by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine.

**Certification** A member shall be authorized by the United States Nuclear Regulatory Commission.

**Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate an adequate number of nuclear medicine procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency clinical fellowship, or research in a clinical setting within the past 12 months.

**Clinical Experience  
(Reappointment)**

To be eligible to renew core privileges in nuclear medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (500 nuclear medicine procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**AND**

Requires 20 hours of postgraduate education (CME) directly related to Nuclear Medicine/PET.

**Additional Qualifications**

The Section of Nuclear Medicine shall participate and comply with the Radiation Safety Committee of Kettering Health Dayton and Kettering Health Washington Township.

## Primary Privileges Nuclear Medicine

**Description:** Nuclear medicine is that branch of medical practice concerned with the application of radionuclides for diagnosis and therapy in clinical medicine both by radionuclide imaging and radioimmunoassay. Physicians with these privileges have the highest level of competence in the branch of medicine concerned with the diagnostic, therapeutic and investigative use of radionuclides, and are on a par with that considered appropriate to a subspecialist. They are qualified to act as consultants, and should in turn request consultation from within or from outside the hospital staff whenever needed.

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request</i>	<b>Department/Section Chair</b>	<b>Credentials Committee Chair</b>
	<b>Bone and blood pools</b>		
	SPECT		
	<b>Brain - dynamic and static</b>		
	201 Thallium -- tumor		
	Functional imaging agents		
	SPECT		
	<b>Cardiac</b>		
	201 Thallium with SPECT		
	CPD		
	MACGS/MUGA		
	PersantineThallium with SPECT		
	PYP with SPECT		
	<b>GI Evaluation</b>		
	Gastric emptying time		
	Gastro-esophageal reflux		
	GI bleeding		
	Hepatibiliary with SPECT CCK; GBEP		
	LeVeen shunt		
	Liver/Spleen with SPECT		
	Meckel's diverticulum		
	<b>GU Evaluation</b>		
	Captopril evaluation		
	Direct cystography		
	Lasix enhancement		
	Renal-dynamic and static; GFR		
	Testicular		
	<b>Pulmonary evaluation</b>		
	Split functional analysis		
	Ventilation/Perfusion		
	<b>Thyroid and Parathyroid</b>		
	201 Thallium -- tumor		
	Parathyroid		
	Thyroid uptake and scan		

	<b>Vascular Imaging</b>		
	201 Thallium perfusion		
	Blood pool RBC venography		
	<b>Whole Body Imaging</b>		
	67 Gallium		
	III-Indium		
	<b>Other Imaging</b>		
	Cisternography		
	Lymphoscintigraphy		
	Monoclonal antibody imaging; OncoScint (CR/OV)		
	Salivary gland		
	Splenic and bone marrow imaging		
	<b>Treatment</b>		
	Hyperthyroidism - 131-I		
	Metastatic bone pain - SR-89		
	<b>(RIA)</b>		
	Radioimmunoassay (RIA) Invitro		
	<b>Other Testing</b>		
	Blood volume		
	Hepatitis profile		
	In vitro (non-imaging studies)		
	Schillings test		
	Stress testing		
	TRH study		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by 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

**Department 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

Department Chair Recommendation - Additional Comments

\_\_\_\_\_  
Chair, Department/Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date