Nuclear Medicine Soin & KHGM

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.

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	To be eligible to apply for core privileges in nuclear medicine, the initial applicant must meet the following criteria.
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in Nuclear Medicine, Radiology, or Diagnostic Radiology.
Continuing Education	
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification by the American Board of Nuclear Medicine, American Osteopathic Board of Nuclear Medicine, American Board of Radiology, or the American Board of Osteopathic Board of Radiology.
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)	Current demonstrated competence and an adequate volume of experience 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.

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		***Request all privileges listed below.***
GRN	SOIN	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐ **- Currently granted privileges**
☐	☐	Diagnose, consult, evaluate 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
		Core Procedure tests may include:
☐	☐	Adrenal imaging
☐	☐	Body composition studies
☐	☐	Bone mineral density
☐	☐	Brain imaging
☐	☐	Cisternography
☐	☐	Cisternography w/ lumbar puncture
☐	☐	Endocrine imaging
☐	☐	Gastrointestinal imaging
☐	☐	Hepatic and biliary imaging
☐	☐	Infection localization
☐	☐	Lymphoscintigraphy
☐	☐	Pulmonary imaging
☐	☐	RN Angiography (venography)
☐	☐	Renal and genitourinary imaging
☐	☐	SPECT imaging
☐	☐	Skeletal (bone) imaging
☐	☐	Splenic and bone marrow imaging
☐	☐	THERAPY: Supervise the preparation, administration, and use of unsealed radionuclides for therapeutic purposes
☐	☐	Thyroid imaging and uptake studies
☐	☐	Tumor imaging

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 Greene Memorial and/or Soin Medical Center, 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):

☐	Recommend all requested privileges
☐	Do not recommend any of the requested privileges
☐	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 _____

Submit