Huntington Memorial Hospital

Delineation Of Privileges
Limited Radiology Privileges

Provider Name:

Privilege	Requested	Tabled	Approved

LIMITED RADIOLOGY PRIVILEGES
Criteria: Board certification or qualified for certification by the American Board of Radiology; OR, successful completion of an ACGME or AOA approved Radiology training program.
Proctoring Requirements: A minimum of eight (8) cases, in accordance with the Section and Department Rules and Regulations.

GENERAL PRIVILEGES

Admitting Privileges ___ ___ ___

LIMITED RADIOLOGY PRIVILEGES ___ ___ ___
Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations, and prescribing medication in accordance to DEA certificate.

Epidural Injections ___ ___ ___

Nerve Root Blocks ___ ___ ___

Facet Blocks ___ ___ ___

ACKNOWLEDGEMENT OF THE PRACTITIONER:
I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my 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 a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ Date:_____

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

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Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section/Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____