

General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- 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.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges Specialty of Radiology

Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
Diagnostic Radiology Core	<p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.</p> <p>OR</p> <p>Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Radiology and board certification within 5 years of program completion.</p> <p>If</p> <p>Practice is predominantly in pediatric patients less than 13 years of age, Then</p> <p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology AND subspecialty certification in Pediatric Radiology.</p> <p>OR</p> <p>Successful completion of accredited ACGME or AOA accredited post-graduate training programs in both:</p> <ul style="list-style-type: none"> • Radiology • Pediatric Radiology <p>and board certification within 5 years of program completion.</p>	<p>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</p>	<p>FPPE: First 5 cases: MR Angiogram, Overreads of diagnostic films</p> <p>First 5 pediatric cases:</p> <ul style="list-style-type: none"> • Ultrasounds-pylorus (1) • Chest X-ray (1) • MRI of brain (1) • Upper GI (1) • CT of Head (1)
Radiology Vascular, Interventional, Angiographic Core	<p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Vascular, Interventional Angiographic Radiology.</p> <p>OR</p> <p>Successful completion of accredited ACGME or AOA accredited post-graduate training programs in both:</p> <ul style="list-style-type: none"> • Radiology • Vascular, Interventional Angiographic Radiology <p>and board certification within 5 years of program completion.</p>	<p>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</p>	<p>FPPE: First 5 cases</p>
Nuclear Medicine Core	<p>Current board certification in Radiology by the American Board of Nuclear Medicine, or American Board of Radiology or the American Osteopathic Board of Radiology AND subspecialty certification in Nuclear Medicine.</p> <p>OR</p> <p>Successful completion of accredited ACGME or AOA accredited post-graduate training programs in both:</p> <ul style="list-style-type: none"> • Radiology • Nuclear Medicine <p>and board certification within 5 years of program completion.</p>	<p>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</p>	<p>FPPE: First 5 cases</p>
Radiation Oncology Core	<p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology with special competence in Radiation Oncology.</p>	<p>Procedure list identifying the top 10 CPT/ICD codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.</p>	<p>FPPE: First 5 cases</p>



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges Specialty of Radiology

Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
Neuroradiology Core	Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuro Radiology. OR Successful completion of accredited ACGME or AOA accredited post-graduate training programs in both: <ul style="list-style-type: none">• Radiology• Neuro Radiology and board certification within 5 years of program completion.	Procedure list identifying the top 10 CPT/ICD9 codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.	FPPE: First 5 cases
Neuroradiology Interventional Core	Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and subspecialty certification in Neuro- Radiology with additional training in Neuro-Interventional procedures . OR Successful completion of accredited ACGME or AOA accredited post-graduate training programs in both: <ul style="list-style-type: none">• Radiology• Neuro Radiology and board certification within 5 years of program completion with additional training in Neuro-Interventional procedures.	Procedure list identifying the top 10 CPT/ICD9 codes for your practice within the previous 12 months and the number of procedures performed and identify the facility(ies) at which procedures were performed.	FPPE: First 5 cases



Delineation of Clinical Privileges Specialty of Radiology

Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

CCTA	<p>CBCCT Board Certification and documentation of continuing education: 6 hours category I CME relevant to CCTA in the previous two year period.</p> <p>OR Completion of a SCCT or ACR sponsored training course with documentation or letter from course director.</p> <p>OR Completion of an ACGME or AOA approved postgraduate training program in Radiology that included cardiac CT angiography including education in cardiac anatomy, physiology, pathology and cardiac CT imaging for a time equivalent to at least 30 hours of CME</p> <p>OR Completion of at least 30 hours of Category I CME in cardiac imaging, including education in cardiac CT, anatomy, physiology, pathology or documented equivalent supervised experience (documented supervised experience is defined as supervision at a center where the proctoring physician meets these criteria to independently interpret cardiac CT) in a center actively performing cardiac CT</p>	<p>If CBCCT Board Certified, submission of a case log documenting 20 contrast CCT exams interpreted within the previous 24 months, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file.</p> <p>OR If completing a SCCT or ACR sponsored training course, and submission of a case log documenting 50 contrast CCT exams interpreted during training, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file.</p> <p>OR If completing an ACGME or AOA approved postgraduate training program in Radiology that included cardiac CT angiography submission of a case log documenting interpretation, reporting, and or supervised review of at least 50 cardiac CT examinations in the last 36 months (excluding coronary artery calcium scanning)</p> <p>OR If completing at least 30 hours of Category I CME in cardiac imaging, submission of a case log documenting interpretation, reporting, and or supervised review of at least 50 cardiac CT examinations in the last 36 months (excluding coronary artery calcium scanning)</p>	<p>FPPE: First 5 cases</p> <p>Case log documenting 20 contrast CCT exams interpreted within the previous 24 months, which may include primary interpretation, blinded over-reading, proctored reading, or from a teaching file. Documentation of continuing education: 6 hours category I CME relevant to CCTA per 2 year period.</p>
Central venous catheter placement		Case* log documenting 5 procedures within the previous 12 months.	<p>FPPE: First 5 procedures</p> <p>Case log documenting 5 procedures within the previous 24 months.</p>
PICC Insertion		Case* log documenting 5 procedures within the previous 12 months.	<p>FPPE: First 5 procedures</p> <p>Case log documenting 5 procedures within the previous 24 months.</p>
Silverhawk Atherectomy Catheter		Case* log documenting 6 procedures within the previous 24 months	<p>FPPE: First 5 cases</p> <p>Case log documenting 6 procedures within the previous 24 months</p>
Implantable Intraspinal Pump or Stimulator	<p>Current board certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology AND subspecialty certification in Neuro-Radiology with additional training in Neuro-Interventional procedures</p> <p>OR Successful completion of accredited ACGME or AOA accredited post-graduate training programs in both:</p> <ul style="list-style-type: none"> • Radiology • Neuro-Radiology <p>and board certification within 5 years of program completion with additional training in Neuro- Interventional procedures.</p>	Case log documenting 3 proctored procedures in the previous 12 months.	<p>FPPE: First 5 procedures</p> <p>Case log documenting 5 procedures within the previous 24 months.</p>

Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

Diagnostic Radiology Core Privilege:

Admit, evaluate, diagnose, consult, and perform general diagnostic radiology, diagnostic ultrasound, diagnosis and treatment using radionuclides, nuclear medicine studies, diagnostic neuroradiology, diagnostic invasive procedures and diagnostic body imaging, computerized tomography, MRI, mammography, and myelography to diagnose and treat diseases of patients of all ages except as specifically excluded from practice.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core:

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • All conventional radiographs • All contrast studies • All fluoroscopy • MR angiogram • MR all organ systems with and without contrast • CT all organ systems with and without contrast • CT interventional studies, biopsy, aspiration, abscess drainage • Contrast injections of the gastric feeding tube • Percutaneous Cholecystostomy • Cholangiogram • Percutaneous Transhepatic Cholangiogram • Placement of long GI tube into small bowel • Biopsy procedures • Nephrostogram • Loopogram • Aspiration/injection bladder • Suprapubic catheter insertion • Catheterization, urethra simple • Urethrocystogram, retrograde • Paravert nerve block single level | <ul style="list-style-type: none"> • Chest tube insertion for drainage • Heimlich/chest tube for PTX • Spinal puncture, lumbar, diagnostic and fluoro • Myelography • Breast nodule/calcification localization • Galactogram • Sialogram • Laryngogram • Bronchogram unilateral • Hysterosalpingogram • Fistula or sinus tract • Abscessogram • Abscess drainage (any modality) • Thoracentesis • Breast cyst aspiration • Arthrocentesis • Aspiration of hip • Paracentesis:abdominal • Ultrasound Procedures • Abdominal aorta Echo • Abdominal Echo-complete (Routine series) • Abdominal Echo, Complete w/color flow • Amniocentesis by US | <ul style="list-style-type: none"> • Percutaneous Needle organ biopsy Breast ultrasound • Chest ultrasound • Abd. Imaging doppler study • Gallbladder real time ultrasound • Transrectal study w/biopsy (Comp) • Transvaginal US study • Transrectal US study • Pelvic Diagnostic Echo • Pregnancy Echo • Acute pregnancy US • Testicular US • Thoracentesis by US • Thyroid Echo • Urinary bladder Echo • Paracentesis • Arterial/Venous study/upper extremity w/Doppler • Arterial/Venous study/lower extremity w/Doppler • Carotid Imaging, Bilateral Doppler w/color flow • Transcranial doppler |
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Vascular, Interventional and Angiographic Core Privilege:

Admit, evaluate, diagnose, treat, and/or provide consultation to patients except as specifically excluded from practice by percutaneous methods guided by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging, and performance of invasive diagnostic and therapeutic radiological procedures.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core:**Arteriography**

- Aorta
- Arch (including neck)
- Extremity (upper & lower)
- Pelvic
- Carotid cerebral
- Carotid cervical
- Carotid external
- Vertebral
- Spinal
- Renal
- Visceral
- Internal Mammary
- Adrenal
- Pulmonary

Venography

- IVC
- SVC
- Extremity (upper & lower)
- Renal
- Adrenal
- Orbital
- Venous Sinus/Jugular
- Superior Sagittal Sinus
- Gonadal
- Testicular
- Hepatic w/ w/o hemodynamic monitoring

PTA

- Peripheral Artery
- Renal
- Other Visceral
- Aorta
- Venous

Additional scope of practice included in Vascular, Interventional and Angiographic core:

- Venous sampling
- Intravascular Stent Placement
- Transluminal Peripheral Arterial Atherectomy
- Transluminal Peripheral Arterial Laser Atherectomy
- IVC Filter placement
- Transcatheter biopsy
- Transcatheter Infusion for thrombolysis
- Transcatheter Therapeutic Infusion (i.e. spasmolytic, vasoconstrictive)
- Thrombolysis of access device/catheter
- AV Graft/Fistula Declot
- Percutaneous Transluminal Arterial Thrombectomy
- Percutaneous Transluminal Venous Thrombectomy
- Transcatheter Therapeutic Embolization
- Chemoembolization
- Uterine Fibroid Embolization
- Endovenous Ablation (Laser & Radiofrequency)
- Stab Phlebectomy
- Superficial Venous Sclerosis
- Peripheral AVM Sclerosis
- Transcatheter Retrieval of Foreign Body
- Aortic Stent Graft
- Endovascular Repair Iliac Art/Pseudo Aneurysm
- Thrombin injection for pseudo aneurysm repair
- Nontunneled Central Venous Catheter Placement
- PICC Line Placement
- Tunneled central venous catheter placement
- Tunneled central venous catheter w/ port placement
- Peripheral central venous device w/ port placement
- Pericatheter obstructive material removal (ie. fibrin sheath stripping)
- Intraluminal obstructive material removal from catheter/port
- Abscess Drainage
- Abscessogram
- Therapeutic injection for Abscess/Lymphocele Sclerosis
- Paracentesis
- Thoracentesis
- Renal Cyst Aspiration
- Chest Tube Placement
- Percutaneous Transhepatic Cholangiogram
- Biliary Tube/Drain Placement
- Biliary Stent Placement
- Transhepatic Dilation Biliary Stricture
- Placement of long GI tube into Small Bowel
- Percutaneous Gastrostomy Tube Placement
- Transjugular Liver Biopsy
- TIPS Placement
- TIPS Revision
- Vertebroplasty
- Kyphoplasty
- Percutaneous Fluid Drainage
- Percutaneous Fine Needle Aspiration
- Percutaneous Biopsy
- Thermal Tumor Ablation (All Modalities, ie, RFA, Cryo, Microwave, UHF Ultrasound)
- AV Fistulagram
- AV Fistula Declot
- Antegrade Pyelogram
- Nephrostomy Tube Placement
- Ureteral Stent Placement
- Aspiration/Injection Bladder
- Suprapubic Catheter Placement
- Urethral Catheter/Stent Placement
- Nephrostomy Tract Dilation
- Ureteral Dilation
- Contrast Injections of gastric feeding tube
- Infusion Alcohol Sclerosis
- Loopogram
- Urethrocystogram, Retrograde
- Fallopian Tube Dilation
- Paravertebral Nerve Block
- Celiac Ganglion Block
- Spinal Puncture
- Myelography
- Galactogram
- Sialogram
- Laryngogram
- Bronchogram
- Hysterosalpingogram
- Arthrocentesis

- Biliary Duct Calculus Removal

Nuclear Medicine Core Privilege:

Admit, evaluate, diagnose, treat, and/or provide consultation to patients that require therapeutic procedures using radiopharmaceuticals (Unsealed radionuclide sources).

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills:

- Abd shunt study
- Adrenal imaging - NP59, 131 I or 123 I MIBG
- Bone imaging/WB/Spots/single area/SPECT
- Bone imaging - 3 phase
- Brain scan w/vascular flow
- Brain scan w/SPECT
- Cisternogram Shunt
- Deep vein thrombosis imaging-bilateral
- Acute thrombosis imaging-bilateral
- Gallbladder Imaging
- Hepatobiliary function w/EF
- Gallium scan/WB/Spots
- Gastric emptying - solid and liquid
- GI bleeding study
- Gastroesophageal reflux study
- Stress/rest MUGA
- Peritoneal shunt study
- Renal imaging w/function study and/or Pharm intervention
- Renal imaging w/Vascular flow
- Neck and Mediastinum w/131 I
- Injection of sentinel node in OR
- Lymphoscintigraphy/Sentinel Node mapping
- Liver spleen scan w/vascular flow
- Liver spleen scan
- Hemangioma SPECT
- Mammoscintigraphy
- Myocardial infarct imaging (PYP)/SPECT
- Parathyroid imaging/SPECT
- Stress/Rest cardiac scan w/SPECT
- V/P or V/Q lung imaging
- Salivary gland imaging
- Thyroid uptake and scan
- Testicular vascular flow and scan
- Spinal Puncture-lumbar-diagnostic
- Infection/abscess imaging-WB/SPECT-111 indium, 99m Tc HMPAO, 67 Ga
- TSH Stimulation study
- Cystogram
- C 14 Urea breath test
- Monoclonal Antibody imaging/SPECT-111 In prostascint, 111 in oncoscint 99mTc CEA
- Somatostatin receptor imaging-111 in Octreotide, 131 I MIBG
- Radionuclide Hyperthyroid therapy -131 I
- Positron Emission tomography
- Radionuclide ablative therapy - 131 I
- Palliative Therapy - 89Sr, 153Sm
- Radionuclide therapy - 32 P (Chromic)
- Radionuclide therapy - 32 P (Sodium Phosphate)
- Lymphoma Therapy I 131, Y90
- FDG tumor imaging/C-Spect
- FDG cardiac imaging/C-Spect

Radiation Oncology Core Privilege:

Admit, evaluate, diagnose, treat, and/or provide consultation to patients except as specifically excluded from practice

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures brachytherapy (interstitial and intracavitary), brachytherapy (high dose rate), fine needle aspiration and biopsy, hyperthermia, unsealed radionuclide therapy, administration of drugs and medicines related to radiation oncology and cancer supportive care, administration of external beam radiotherapy, and radiology department management and supervision.

- 6 MV accelerator therapy
- 18 MV accelerator therapy
- Cobalt therapy
- Electron therapy
- HDR brachytherapy
- Intravascular brachytherapy
- Superficial brachytherapy
- Interstitial brachytherapy
- Special treatment procedures hemibody, whole body, oral cone
- Simulation of radiation ports
- Port verification
- Microdosimetry
- Treatment planning
- Treatment devices stents, bit blocks, mask, bolus, contours
- Indirect laryngoscopy
- Direct fiberoptic laryngopharyngoscopy

Neuroradiology Core Privilege:

Admit, evaluate, diagnose, consult, and perform diagnostic and interventional techniques, including computed tomography, magnetic resonance imaging, myelography, and radiographs to evaluate and treat conditions of the central nervous system, spine, and head and neck to diagnose and treat diseases of patients of all ages except as specifically excluded from practice.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

- The attached procedure list reflects the scope of practice included in this core.
- All conventional radiographs for head, neck and spine
- All contrast studies for head, neck and spine
- All fluoroscopy for head, neck and spine
- MR angiogram for head, neck and spine with and without contrast
- CT for head, neck and spine with and without contrast
- Paravertebral nerve block
- Spinal puncture, lumbar, diagnostic and fluoro
- Myelography for head, neck and spine
- Sialogram
- Facet Block
- Celiac Ganglion Block

Neuroradiology Interventional Core Privilege:

Admit, evaluate, diagnose, consult, and perform diagnostic and interventional techniques, including computed tomography, magnetic resonance imaging, angiography, myelography, and radiographs to evaluate and treat conditions of the central nervous system, spine, and head and neck to diagnose and treat diseases of patients of all ages except as specifically excluded from practice.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core:**Arteriography:**

- Aorta
- Arch (including neck)
- Extremity (upper & lower)
- Carotid cerebral
- Carotid cervical
- Carotid external
- Vertebral
- Spinal

Venography

- Orbital
- Venous Sinus/Jugular
- Superior Sagittal Sinus

PTA

- Venous sinus

Additional scope of practice included in Neuroradiology Interventional core:

- | | |
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| <ul style="list-style-type: none">▪ Intracranial Percutaneous Transluminal Angioplasty (PTA)▪ Dilate Intracranial Vasospasm▪ Intracranial Stent Placement▪ Vertebral PTA▪ Vertebral Stent Placement▪ Carotid PTA▪ Carotid Stent Placement▪ Temporary Balloon Artery Occlusion Head/Neck▪ WADA Activation Test w/ EEG▪ Intracranial embolization▪ Spinal embolization▪ Extracranial Neuro Embolization▪ Cerebral Aneurysm Coiling▪ Endovascular Treatment of Cerebral Vascular Malformations▪ Intracranial Thrombolysis (i.e. Acute Stroke)▪ Intracranial Arterial Thrombectomy▪ Transcatheter Therapy Infusion (i.e. vasospasmolytic)▪ Thrombolysis of Venous Sinus/Superior Sagittal Sinus▪ Venous Sinus Sampling▪ Blood Patch▪ Facet Block▪ Vertebroplasty | <ul style="list-style-type: none">▪ Intravascular Stent Placement▪ Transluminal Peripheral Arterial Atherectomy▪ Transluminal Peripheral Arterial Laser Atherectomy▪ Transcatheter biopsy▪ Transcatheter Infusion for thrombolysis▪ Transcatheter Therapeutic Infusion (i.e. spasmolytic, vasoconstrictive)▪ Thrombolysis of access device/catheter▪ Percutaneous Transluminal Arterial Thrombectomy▪ Percutaneous Transluminal Venous Thrombectomy▪ Transcatheter Therapeutic Embolization▪ Chemoembolization▪ Endovenous Ablation (Laser & Radiofrequency)▪ Transcatheter Retrieval of Foreign Body▪ Intraluminal obstructive material removal from catheter/port▪ Vertebroplasty▪ Paravertebral Nerve Block▪ Celiac Ganglion Block▪ Spinal Puncture▪ Myelography▪ Sialogram |
|---|---|

Special Privileges:

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

CCTA:	Privilege includes all aspects of examination performance and interpretation. This includes but is not limited to: scanning parameters image reconstruction, beta blocker administration, nitroglycerine administration, and contrast reaction treatment. Privileges are limited to adult hospitals.
Central venous catheter placement:	Insertion must be completed with the use of the central line bundle.
PICC Insertion:	Insertion must be completed with the use of the central line bundle.
Silverhawk Atherectomy Catheter:	Use of the catheter must be in accordance with the established clinical patient selection criteria and criteria for atherectomy. Applicant must hold peripheral interventional privileges and peripheral vascular angiography.
Administration of moderate sedation:	See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists. Requires: Separate DOP, ACLS, NRP or PALS certification
Carotid Stents:	Requires: Separate DOP



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges
Specialty of Radiology

Radiology Clinical Privileges

Check below the particular privileges desired Radiology for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	All Ages
Diagnostic Radiology Core					
Radiology Vascular, Interventional, Angiographic Core					
Nuclear Medicine Core					
Radiation Oncology Core					
Neuroradiology Core					
Neuroradiology Interventional Core					
Special Privileges					
CCTA					
Central venous catheter placement					
PICC Insertion					
Silverhawk Atherectomy Catheter					
Implantable Intraspinal Therapy Device					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.

Note: Privileges for administration of moderate sedation and carotid stent placement require completion of a separate Delineation of Privilege form.

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name