

ATRIUM HEALTH
REAPPOINTMENT DOP
SPECIALTY OF RADIATION ONCOLOGY

Print Name

	YES		NO**	I have participated in direct patient care in the hospital setting within the past two (2) years.
--	-----	--	------	---

****If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

To be eligible for core privileges in Radiation Oncology, the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Radiation Oncology by the America Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME or an AOA accredited Radiation Oncology fellowship training program, within the past five (5) years; **AND**
 2. Verification from the fellowship program director that the Applicant successfully completed the program. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently subspecialty certified in Radiation Oncology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation from the Applicant's inpatient, outpatient, or consultative services to include fifty (50) cases that you have managed in last two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the Specialty of Radiation Oncology at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

NOTE 4: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		RADIATION ONCOLOGY CORE PRIVILEGES
			N/A					N/A		CRAD-ONC-1	Privileges to provide comprehensive (multidisciplinary) evaluation and treatment planning for patients with cancer, related disorders, and therapeutic radiation for benign diseases, and consult on patients of all ages. Assess, stabilize and determine disposition of patients with emergent conditions.

NOTE: CRAD-ONC-1 includes privileges for administration of drugs and medicines related to radiation oncology and cancer supportive care; administration of radiosensitizers, radioprotectors under appropriate circumstances; brachytherapy both interstitial and intracavitary and unsealed radionuclide therapy; combined modality therapy, e.g., surgery, radiation therapy, chemotherapy, or immunotherapy used concurrently or in a timed sequence; computer assisted treatment simulation and planning (external beam therapy and radioactive implants); fractionated stereotactic radiotherapy; immunotherapy; intraoperative radiation therapy; interpretation of studies as they pertain to neoplastic or benign conditions; perform history and physical exam; placement of catheters, IV's, IV contrast dye and radiopaque devices that pertain to treatment planning; radiation prescription of doses, treatment volumes, field blocks, molds and other special devices for external beam therapy; radiation therapy by external beam (photon and electron irradiation); radiation therapy contact therapy (SR, molds, etc.); radioactive isotope therapy (intraperitoneal, intracavitary, interstitial, intraluminal, implantation, regional and systemic, and intravenous, radioactive antibody therapy); stereotactic radiosurgery, single and multifraction; total body irradiation; X-ray, ultrasound, CT, MRI and PET, assisted treatment planning; biopsy, fine needle aspiration; laryngoscopy.

Maintenance Criteria for Continued Privileges: CRAD-ONC-1

1. Provide documentation from the Applicant's inpatient, outpatient, or consultative services to include twenty-five (25) cases that you have managed in the most recent two (2) years; **AND**
2. Submission of a Peer Review Evaluation Form completed by one of the Appointee's peers that refers patients to Appointee.

CyberKnife Radiosurgery (CRAD-ONC-1(a))

Provide documentation of the following:

1. A letter of verification from the Fellowship Program Director that the Applicant successfully completed the program with specific training in radiosurgery utilizing the CyberKnife or completed an approved training program in the use of the particular treatment system (e.g., training by Accuray in the case of the CyberKnife® system) within the past two (2) years; **OR**
1. Submit documentation of successful completion of at least three (3) CyberKnife cases within the past two (2) years; **OR**
1. The Applicant must complete the Permission to be Proctored Request Form requesting to be proctored for at least three (3) cases.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	CRAD-ONC-1		Minimum Number Required	Number Performed Within The Past 2 Years	Location
N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	CRAD-ONC-1(a)	CyberKnife Radiosurgery	3		

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		CORE RADIATION ONCOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CRAD-ONC-2	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health, 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name