

FLOYD MEDICAL CENTER

DEPARTMENT OF RADIOLOGY
Radiation Oncology
Medical Staff Privilege Checklist

I, _____, M.D., D.O., do hereby apply for the following privileges in the Department of Radiology.

Please indicate the privileges you are requesting by place a check on the appropriate line. All privileges are first approved by the Department of Radiology and the Executive Committee. Final approval is granted by the governing board.

Fill in all blanks on the privileges checklist. For privileges not requested, enter \emptyset or N/R.

PRIVILEGE	Requested	Approved
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Radiotherapy

Planning/Management of Radiation Therapy	[]	[]
Interstitial and Intracavitary Radioactive Sources Implants	[]	[]

Additions/Deletions/Conditions/Other Limitations:

Requesting Physician's Signature

Date

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Floyd Medical Center, and I understand that:

1. 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.
2. 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.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

Physician Name

RECOMMEND APPROVAL by Department:

Department Chairman

Date

EXECUTIVE COMMITTEE RECOMMENDATION

_____ Concur with Department's recommendation and forward to governing body

_____ Return to Department for clarification of the following:

Date

GOVERNING BODY APPROVAL

_____ Yes _____ No

Date

2.13.2018