

POLK MEDICAL CENTER
Medical Staff Privilege Checklist

RADIOLOGY

I, _____ MD, DO, do hereby apply for the following privileges in Radiology.

All privileges are first approved by the Credentialing Committee and Executive Committee. Final approval is granted by the governing board.

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

| | Requested | Approved |
|------------------------------------------------------------|-----------|----------|
| GENERAL RADIOLOGY | | |
| Diagnostic Radiography | | |
| Fluoroscopy including imaging of upper and lower intestine | | |
| Intravenous urography | | |
| | | |
| MAMMOGRAPHY | | |
| | | |
| BONE DENSITOMETRY | | |
| | | |
| COMPUTED X-RAY TOMOGRAPHY | | |
| CT of Head and Neck | | |
| CT of Body and Extremities | | |
| | | |
| ULTRASOUND | | |
| General US Imaging of Entire Body | | |
| Doppler Examination of the Body and Blood Vessels | | |
| Gynecologic and Obstetrical US imaging | | |
| | | |
| MAGNETIC RESONANCE IMAGING | | |
| MRI of Head and Neck | | |
| MRI of Body and Extremities | | |
| | | |
| | | |
| | | |
| | | |

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 Polk 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.

Applicant's Signature _____

Date: _____

APPROVED:

Credentials Committee Chairman

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

_____ Concur with Credential Committee's recommendation and forward to governing body

_____ Return to Credentials Committee for clarification of the following:

Date

BOARD APPROVAL _____ Yes _____ No

Date