

Privileges in Radiation Oncology Service

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

Privileges requested for Stanford Hospital and Clinics

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions.
Minimum 11 pt contacts per year
- Courtesy-Admitting** – Member in good standing in another TJC, AAAHC or AAAASF accredited hospital, and Admits/treats 3 – 10 patients per year at SHC
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities.
Must have teaching appointment with the Stanford School of Medicine

Privileges requested for Lucile Packard Children's Hospital

- Active** – Uses Lucile Packard Children's Hospital (LPCH) as a primary hospital and regularly admits/treats patients at this facility, or is regularly involved in medical staff functions (minimum 11 pt contacts per year)
- Courtesy** – Active member in good standing in another hospital, admits/treats fewer than eleven (11) patients per year at LPCH OR treats LPCH patients only when incident to performing clinical teaching responsibilities
- Consulting only** – Member in good standing in another hospital, are willing to provide consulting services in a timely manner in the care of management of patients does not have admitting privileges.

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL, UTL or CE) Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core: **</u> Privileges to admit, evaluate, consult, perform history and physical exam, and provide treatment to patients utilizing the following modalities including:</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <ul style="list-style-type: none"> • Prescription and administration of oral or intravenous drugs and medicines related to cancer supportive care <p><i>Stanford Radiation Oncology Faculty only:</i></p> <ul style="list-style-type: none"> • External beam radiation • Unsealed radionuclide therapy 	<p>Successful completion of an ACGME accredited residency/fellowship in Radiation Oncology or foreign equivalent training.</p> <p style="text-align: center;"><u>AND</u></p> <p>Current certification or active participation in the examination process leading to certification in Radiation Oncology by the American Board of Radiology or foreign equivalent training/board.</p>	<p>Appropriate number of cases performed per year as based on Category</p> <p><i>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested.</i></p> <p>_____ # of cases in the past two years</p> <p>Minimum 50 cases required</p>	<p>5 Chart Reviews</p>

SPECIAL PRIVILEGES				
(Must also meet the criteria for all core privileges)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	Proctoring Requirements
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years _____ # of cases in past 2 years	Complete sedation module every 2 years
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have full-time faculty appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Permanent seed (sealed source) brachytherapy	ACCME accredited 11 hours of lecture and observation training course (for example ' <u>Ultrasound-Guided Transperineal Brachytherapy for Early Stage Prostate Cancer</u> ' at Seattle Prostate Institute) or sufficient training during residency (must submit log documentation)	_____ # of cases in past 2 years Minimum 6 cases required	Observe 1st case and be observed for 5 cases
<input type="checkbox"/>	Stereotactic radiotherapy radiosurgery (SRS)	Training program approved by Radiosurgery co-directors or sufficient training during residency (must submit log documentation)	_____ # of cases in past 2 years Minimum 6 cases required	Observe 1 st case and be observed for 5 cases.
<input type="checkbox"/>	Temporary brachytherapy implants – both interstitial and intracavitary	ACCME accredited 11 hours of lecture and observation training course (for example ' <u>High Dose Rate Brachytherapy for Prostate, Gynecology, and Breast Cancer</u> ' at Seattle Prostate Institute) or sufficient training during residency (must submit log documentation)	_____ # of cases in past 2 years Minimum 6 cases required	Observe 1st case and be observed for 5 cases
<input type="checkbox"/>	Intra-operative radiation therapy	Eight (8) cases during residency (must submit log documentation) If no training in residency provider required to observe 2 cases and be observed for 4 cases	_____ # of cases in past 2 years Minimum 2 cases required or In-service required every 2 years	Previously trained required to observe the 1st case and be observed for 2 cases No training in residency required to observe 2 cases and be observed for 4 cases
<input type="checkbox"/>	Radiosurgery for Functional Disorders	<ul style="list-style-type: none"> • SRS privileges • Performed 200 SRS cases 	_____ # of SRS cases in past 2 years Minimum 2 general SRS cases required	2 observations of general SRS.

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES and MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

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 Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that 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.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.

If sending by mail, please print first and then sign.