

**PACIFIC HOSPITAL OF LONG BEACH**  
**DELINEATION OF PRIVILEGES**  
**Department of Surgery/Anesthesia**  
*Radiology*

Name of Applicant: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

<b>QUALIFICATIONS/CRITERIA</b>	
<b>Category I</b>	<b><i>Usual and Customary Privileges</i></b>
	<ol style="list-style-type: none"> <li>1. Complete an ACGME, AOA or RCPSC (Canada) accredited residency in Radiology or Radiation Oncology Surgery.</li> <li>2. Board certification or qualification for certification by the American Board of Radiology or AOA equivalent</li> <li>3. Demonstrated competence in Category I privileges.</li> </ol>
<b>Category II</b>	<b><i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i></b>
	<ol style="list-style-type: none"> <li>1. Board certification or in process of certification by the American Board of Radiology or Radiation Oncology;</li> <li>2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> <li>• Documentation of residency training and experience in the advanced procedure</li> <li style="text-align: center;"><b>OR</b></li> <li>• Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested.</li> </ul> </li> <li>3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.</li> </ol>

Name: \_\_\_\_\_

**Pacific Hospital of Long Beach**  
*Radiology privilege form*

<b>Requested</b>	<b>Usual and Customary Privileges</b>	<b>Granted</b>	<b>Special Conditions</b>
	<b>Category I</b>		
	<b>Diagnostic Radiology</b>		
	Fluoroscopic procedures (Must submit current X-ray Supervisor License)		
	General diagnostic procedures with administration of contrast agents		
	Plain Film Interpretation		
	<b>Computed Tomography</b>		
	Biopsy/aspirations/Drainage under ultrasound guidance		
	<b>Diagnostic Ultrasound</b>		
	Biopsy/Aspirations/Drainage under ultrasound guidance		
	General diagnosis		
	Obstetrical Ultrasound		
	<b>Magnetic Resonance Imaging</b>		
	Neuro		
	Non-neuro		
	<b>Nuclear Medicine</b>		
	Organ imaging studies requiring the administration to patients of radiolabeled pharmaceuticals by oral, inhalational, or Parenteral routes		
	Physiological or pharmacological interventional studies involving the use of radiolabeled pharmaceuticals such as administration of cholecystokinin, furosemide or the use of exercise		
	<b>Special Diagnostic Procedures</b>		
	Arthrograms		
	Salpingogram		
	Sialograms		
	Venograms		
	<b>Special Procedures</b>		
	Diagnostic- Non-vascular Percutaneous needle or catheter placement in visceral organs with injection of contrast		
	Diagnostic- Vascular Arteriography		
	Myelography		

Name: \_\_\_\_\_

<b>Pacific Hospital of Long Beach</b> <i>Radiology privilege form</i>			
<b>Requested</b>	<b>Usual and Customary Privileges</b>	<b>Granted</b>	<b>Special Conditions</b>
	Peripherally Inserted Central Catheter		
	Venography		
	<b>Category II</b>		
	<b>Non-vascular Percutaneous</b>		
	Abscess drainage		
	Renal drainage/stent placement		
	Percutaneous Bone Biopsy		
	*Comprehensive evaluation/treatment planning for cancer and related disorders		
	*Interpretation of tumor localization studies in managing neoplastic disorders		
	*Combined modality therapy (e.g. surgery, radiation therapy, chemotherapy, or immuno therapy used concurrently or in a timed sequence)		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPROVALS:**

Exceptions/limitations: \_\_\_\_\_

\_\_\_\_\_  
Service Chief/Division Chief of Surgery

\_\_\_\_\_  
Date

Credentials Committee approval on: \_\_\_\_\_

Medical Executive Committee approved on: \_\_\_\_\_

Board of Directors approved on: \_\_\_\_\_

Name: \_\_\_\_\_