

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

RADIOLOGY CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
 Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 11/04/2015

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY

To be eligible to apply for core privileges in diagnostic radiology, the initial applicant must meet the following criteria:

Current certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in diagnostic radiology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.; OR successful completion of a residency in diagnostic radiology and proof of current enrollment in the International Medical Graduates (IMG) Alternate Pathway to board certification through the American Board of Radiology and achievement of certification within 5 years in radiology by the American Board of Radiology

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance and interpretation of a sufficient volume of radiologic tests or procedures, reflective of the scope of privileges requested for the past 24 months, or demonstrate successful completion of a residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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Reappointment Requirements: To be eligible to renew core privileges in diagnostic radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in radiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

DIAGNOSTIC RADIOLOGY CORE PRIVILEGES

- Requested** Perform general diagnostic radiology to diagnose and treat diseases of patients of all ages. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

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QUALIFICATIONS FOR INTERVENTIONAL MUSCULOSKELETAL RADIOLOGY

To be eligible to apply for core privileges in interventional musculoskeletal radiology, the initial applicant must meet the following criteria:

As for diagnostic radiology, plus completion of a one-year fellowship in musculoskeletal radiology, or equivalent in training and experience.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of musculoskeletal radiology procedures or interpretations, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months that included a sufficient volume, with acceptable results, of the privileges included in the musculoskeletal radiology core.

Reappointment Requirements: To be eligible to renew core privileges in interventional musculoskeletal radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of musculoskeletal radiology procedures or interpretations with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. In addition, continuing education related to musculoskeletal radiology should be required. Medical Staff members whose board certificates in radiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

INTERVENTIONAL MUSCULOSKELETAL RADIOLOGY CORE PRIVILEGES

- Requested** Perform interventional/non-interventional musculoskeletal radiology to diagnose and treat diseases of patients of all ages. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

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QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY

To be eligible to apply for core privileges in vascular and interventional radiology, the initial applicant must meet the following criteria:

As for diagnostic radiology, plus current subspecialty certification in vascular and interventional radiology by the American Board of Radiology or Certificate of Added Qualifications in angiography and interventional radiology by the American Osteopathic Board of Radiology.

OR

As for diagnostic radiology, plus completion of a one year accredited fellowship in vascular and interventional radiology, or equivalent in training and experience and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology or Certificate of Added Qualifications in angiography and interventional radiology by the American Osteopathic Board of Radiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of vascular and interventional radiology procedures, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in vascular and interventional Radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of VIR procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. In addition, continuing education related to VIR should be required. Medical Staff members whose board certificates in vascular and interventional radiology (or Certificate of Added Qualifications in angiography and interventional radiology) bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

VASCULAR AND INTERVENTIONAL RADIOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat patients of all ages by percutaneous methods guided by various radiologic imaging modalities. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

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QUALIFICATIONS FOR NEURORADIOLOGY

To be eligible to apply for core privileges in neuroradiology, the initial applicant must meet the following criteria:

As for Diagnostic Radiology, plus current subspecialty certification in neuroradiology by the American Board of Radiology or equivalent training and experience

OR

As for Diagnostic Radiology plus successful completion of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in neuroradiology and active participation in the examination process with achievement of certification within 5 years in neuroradiology by the American Board of Radiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate that they have performed a sufficient volume of neuroradiology procedures, reflective of the privileges requested, in the past 24 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in neuroradiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience, with acceptable results, reflective of the privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in neuroradiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

NEURORADIOLOGY CORE PRIVILEGES

- Requested** Evaluate, diagnose, treat, and/or provide consultation to patients of all ages with diseases, disorders, injuries of the brain, spine and spinal cord, head, neck, and organs of special sense in adults and children utilizing integration of neuroimaging with laboratory examinations, and physiologic testing. Includes performance of history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

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QUALIFICATIONS FOR INTERVENTIONAL NEURORADIOLOGY

To be eligible to apply for core privileges in interventional neuroradiology, the initial applicant must meet the following criteria:

As for diagnostic radiology plus successful completion of an ACGME-accredited fellowship in neuroradiology followed by an ACGME-accredited fellowship in endovascular surgical neuroradiology.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification in neuroradiology by the American Board of Radiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of interventional neuroradiology treatment, reflective of the scope of privileges requested, to a sufficient volume of patients in the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in interventional neuroradiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in neuroradiology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

INTERVENTIONAL NEURORADIOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose and treat patients of all ages with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

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QUALIFICATIONS FOR NUCLEAR MEDICINE

To be eligible to apply for core privileges in nuclear medicine, the initial applicant must meet one of the following four eligibility routes:

- 1) As for diagnostic radiology, with additional training in nuclear medicine

AND

Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

OR

- 2) Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in nuclear medicine.

AND

Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine.

OR

- 3) Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in nuclear radiology

OR

- 4) Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification in nuclear radiology by the American Board of Radiology or a Certificate of Added Qualifications in Nuclear Radiology by the American Osteopathic Board of Radiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of a sufficient volume of nuclear medicine procedures, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in nuclear medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in radiology, nuclear medicine or nuclear radiology (as appropriate) bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

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CORE PRIVILEGES

NUCLEAR MEDICINE CORE PRIVILEGES

- Requested** Diagnose, evaluate and provide therapy to the metabolic, physiologic and pathologic conditions of the body utilizing clinical and laboratory methods that employ the measured nuclear properties of radioactive and stable nuclides. The core privileges in this specialty include the procedures on the attached procedure list.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

CAROTID STENTING

Requested

Criteria: The applicant must have concurrent UHHS privileges to perform coronary, peripheral or neurological diagnostic angiography and percutaneous interventions in order to qualify for carotid artery angioplasty and stent placement. **Board certification:** The applicant must be currently certified or eligible for certification by one of the following boards:

- American Board of Radiology with certificate of added qualification in Interventional Radiology or Neuroradiology
- American Board of Surgery in Vascular Surgery
- American Board of Internal Medicine in Vascular Medicine or Cardiovascular Medicine with additional training in interventional procedures
- American Board of Neurosurgery with additional training in percutaneous vascular neurointerventional procedures
- American Board of Psychiatry and Neurology with additional training in endovascular procedures

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Required Previous Experience: Evidence of prior performance and interpretation of at least 30 selective carotid/cerebral diagnostic angiograms (15 as the primary operator) and 25 selective carotid interventions (13 as the primary operator). This requirement may be met within a formal ACGME-approved training program or from previous clinical training and experience. Verification from the training institution or the site of the previous experience may be required OR direct supervision by a credentialed provider of the performance and interpretation of at least 30 selective carotid/cerebral diagnostic angiograms (15 as the primary operator) and 25 selective carotid interventions (13 as the primary operator). **Maintenance of Privilege:** Applicants must be able to provide evidence of performance of a sufficient number of cases of carotid interventions within the past 24 months. The recommended number of procedures for the preceding 24 month period is 4. Reappointment for these privileges will be considered on a case by case basis for providers who routinely care for carotid disease and who have sufficient experience in catheter-based procedures. In addition, the applicant must be able to produce evidence of 8 hours of continuing medical education in stroke and/or cerebrovascular vascular disease within the past 24 months if requested.

POSITRON EMISSION TOMOGRAPHY-COMPUTED TOMOGRAPHY (PET/CT)

Requested

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Diagnostic Radiology that included training in Positron Emission Tomography / Computed Tomography (PET/CT) OR completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Nuclear Medicine that included training in Positron Emission Tomography / Computed Tomography (PET/CT) OR completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited twelve-month fellowship in Nuclear Radiology or Body Imaging that included training in Positron Emission Tomography / Computed Tomography (PET/CT). Training shall have included documented PET/CT interpretation, PET/CT physics, handling of PET radiopharmaceuticals, and review of Nuclear Regulatory Commission guidelines concerning PET/CT. A "mini fellowship" in PET/CT, a "visiting fellowship" in PET/CT, or a PET/CT conference / course shall not meet the criteria necessary to request PET/CT privileges. Initial applicants will be preceptored for the first 50 PET/CT interpretations, including dictations, by the Director of the PET/CT Center, who shall be a physician that also has PET/CT privileges. The individual requesting this privilege shall hold current board certification by the American Board of Radiology and / or the American Board of Nuclear Medicine. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume (no less than 350 cases) of PET/CT examination interpretations with dictated reports (which shall all include the name of the one requesting this privilege) in the past 12 months (may include training). A letter from the program director of one of the accredited training programs listed under "criteria" is required. This letter must state the number of interpreted PET/CT cases with dictated reports (which shall all include the name of the one requesting this privilege). **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of PET/CT procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Yearly documented maintenance of board certification as outlined by the American Board of Radiology and / or the American Board of Nuclear Medicine.

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ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year:
- _____

-OR-

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

-OR-

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine or critical care specialties, as well as active clinical practice in the provision of procedural sedation

Section Three--PRIVILEGES FOR DEEP SEDATION:

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

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APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

USE OF LASER

Requested

Criteria:

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers
OR
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers
OR
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months
AND
- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

Maintenance of Privilege:

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

ULTRASOUND-GUIDED CENTRAL LINE INSERTION

- Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges in Vascular and Interventional Radiology plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

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Maintenance of Privilege:

As for Vascular and Interventional Radiology core privileges plus:

- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; and
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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CORE PROCEDURE LIST

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

Diagnostic Radiology

1. Radiography and fluoroscopy of the head, neck, spine, chest including the heart, abdomen, pelvis, , extremities, and their associated vasculatures
2. Computed tomography of the head, neck, spine, chest including the heart, abdomen, pelvis, , extremities, and their associated vasculatures
3. Diagnostic nuclear medicine of the head, neck, spine, chest including the heart, abdomen, pelvis, and extremities and their associated vasculatures, and associated procedures.
4. Magnetic resonance imaging (MRI) of the head, neck, spine, body, extremity, and major joints-shoulder, knee, ankle, etc.
5. Mammography
6. Ultrasound of the head, neck, spine, chest including the heart, abdomen, pelvis, , extremities, and their associated vasculatures
7. Image guided biopsy, injections, aspiration and drainage procedures
8. Order respiratory services
9. Order rehab services
10. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
11. Telehealth

Interventional Musculoskeletal Radiology

1. Image guided biopsy, injection, aspiration, and drainage procedures
2. Image guided musculoskeletal procedures including: arthrography, biopsy, injection and aspiration
3. Image guided tumor therapy and ablation, e.g. radiofrequency and cryoablation, tumor injection
4. Myelography, cisternography and interventional procedures for pain, including discography, and pain management including: epidural steroid injection, nerve blocks
5. Vertebroplasty, kyphoplasty, sacroplasty, skeletal augmentation and stabilization
6. Order respiratory services
7. Order rehab services
8. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
9. Telehealth

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Vascular and Interventional Radiology

1. Catheter based diagnostic arteriography of the head, neck, spine, chest including the heart, abdomen, pelvis, , extremities, and their associated vasculatures
2. Catheter based diagnostic venography of the head, neck, spine, chest including the heart, abdomen, pelvis, , extremities, and their associated vasculatures
3. Catheter based therapeutic arterial procedures including: angioplasty, stenting, atherectomy, embolization and chemoembolization, thrombolytic therapy, and infusion of vasoactive agents
4. Catheter based therapeutic venous procedures including: angioplasty, stenting, atherectomy, embolization and chemoembolization, thrombolytic therapy, infusion of vasoactive agents, venous sampling, vena cava filter placement, and endovenous laser therapy
5. Image guided biopsy, injection, aspiration, and drainage procedures
6. Image guided genitourinary procedures including: nephrostomy, ureteral stenting, stone access and removal, stricture dilation and related catheter maintenance
7. Image guided procedures of the hepatobiliary system including: percutaneous transhepatic cholangiography, PT biliary drainage, stricture dilation and stenting, cholecystostomy placement, pancreatic duct interventions
8. Image guided gastrointestinal procedures including: gastrostomy, gastrojejunostomy, cecostomy, stricture dilation and stenting
9. Image guided musculoskeletal procedures including: arthrography, biopsy, injection and aspiration
10. Image guided tumor therapy and ablation, e.g. radiofrequency and cryoablation, tumor injection
11. Perform history and physical exam
12. Angioplasty, carotid, vertebral and intracerebral
13. Arthrography
14. Central venous access, primary and maintenance
15. Myelography, cisternography and neuro interventional procedures for pain including discography, and pain management including: epidural steroid injection, nerve blocks
16. Vertebroplasty, kyphoplasty, skeletal augmentation and stabilization
17. Hystosalpingography and transcervical fallopian tube recanalization
18. Transjugular intrahepatic portosystemic shunt (tips)
19. Non invasive vascular imaging including ultrasound, CTA, and MRA
20. Order respiratory services
21. Order rehab services
22. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
23. Telehealth

Neuroradiology

1. Diagnostic neuroangiography of the head, neck, and spine
2. Embolization and Sclerotherapy of tumors of Head, Neck and Spine
3. Image guided tumor therapy and ablation, e.g. Radiofrequency and cryoablation, tumor injection
4. Performing clinical preprocedure evaluations of patients including history and physical
5. Myelography, cisternography and neuro interventional procedures for pain including discography, and pain management including: epidural steroid injection, nerve blocks
6. Order respiratory services
7. Order rehab services
8. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods

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9. Vertebroplasty, kyphoplasty, skeletal augmentation and stabilization
10. Telehealth

Interventional Neuroradiology

1. Vertebroplasty, kyphoplasty, skeletal augmentation and stabilization
2. Carotid test occlusion/carotid occlusion
3. Venous sampling of the head and neck
4. Neuro angiography of the head, neck, and spine
5. Embolization of tumors of head, neck and spine
6. Endovascular treatment of cerebral aneurysms, including coil occlusion
7. Endovascular treatment of vascular malformations of the head, neck, and spine
8. Integrating endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures
9. Intracranial recanalization (i.e., thrombolysis, mechanical disruption, angioplasty, and stenting)
10. Intravascular delivery of chemotherapy to head, neck, and spine
11. Performing clinical preprocedure evaluations of patients including history and physical
12. Order respiratory services
13. Order rehab services
14. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
15. Telehealth

Nuclear Medicine

1. Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals.
2. Perform history and physical exam
3. Performance of radioimmunoassay examinations and management of radioactively contaminated patients and facilities.
4. Supervise the preparation, administration and the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients.
5. Supervise the preparation, administration and use of unsealed radionuclides for therapeutic purposes.
6. Positron emission tomography-computed tomography (PET/CT)
7. Order respiratory services
8. Order rehab services
9. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
10. Telehealth

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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair Signature _____ **Date** _____

Reviewed:

Revised:

5/5/10, 9/17/2010, 6/01/2011, 10/5/2011, 11/2/2011, 12/16/2011, 1/4/2012, 06/06/2012, 09/05/2012, 11/07/2012, 12/05/2012, 4/3/2013, 08/5/2015, 09/02/2015, 11/04/2015