

Delineation of Privileges

Name: _____

Date: _____

General Privileges:	Currently Approved	Requested	Approved
TELEMEDICINE FOR DIAGNOSTIC RADIOLOGY – Dept. of Radiology			
Preliminary radiological studies for:			
Plain Radiograph, Ultrasound, Nuclear Medicine, CT Scan, MRI and any other studies which would be approved for transmission via telemedicine link			
TELEMEDICINE FOR PEDIATRIC CARDIOLOGY – Dept. of Medicine			
Echocardiography and EKG Interpretation			

Modifications / Comments:

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges.

Physician Signature

Date

APPROVAL:

Department Chief

Chairman of Credentials Committee

Date

Date