



**Delineation of Privileges
Department of Medicine
RADIATION ONCOLOGY**

NAME: _____

CATEGORY I: CORE PRIVILEGES		
MINIMUM QUALIFICATIONS FOR PRIVILEGES:		
<ul style="list-style-type: none"> Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate. Successful completion of an ACGME or AOA-accredited residency/fellowship in radiation oncology. Current certification or active participation in the examination process leading to certification in Radiation Oncology by the American Board of Radiology or the American Osteopathic Board of Radiology. 		
Core Privileges <i>include:</i>	Requested	Approved
<ol style="list-style-type: none"> 1. Admit patients, order diagnostic and therapeutic services, write orders and progress notes in patient charts, request consultation, provide consultation, render any care in life threatening emergency. 2. Simulation and treatment planning, including use of Radiation Therapy simulator and the CT Scanner. 3. Skin punch biopsy and flexible laryngoscopy. 4. External beam megavoltage radiation therapy, including linear accelerator (photon and electron). 5. Orthovoltage and superficial therapy. 6. Intensity modulated radiation therapy (IMRT), (IGRT). 7. Stereotactic radiotherapy and radiosurgery. 8. Brachytherapy, including permanent and temporary implants or intra-cavity treatment with the following sources (with concurrent approval of the Radiation Safety and Radioisotope Committee following applicable Nuclear Regulatory Commission regulations): 190AU, 192Ir; 32P; 125-1: 137Cs; 90Sr; 89Sm; 103Pd. 		
CATEGORY II: SPECIAL PRIVILEGES		
Special privileges <i>which may require additional training/experience:</i>	Requested	Approved
1. Intraoperative radiation therapy		
2. High dose rate after loading Brachytherapy		
3. Whole body photon therapy for bone marrow transplant		
4. Whole body electron therapy for mycosis fungoides		
5. IGRT (Image Guided Radiotherapy)		
Other:		
6.		
7.		

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. Category II privileges cannot be requested or approving Category I Core privileges.

Physician Signature

Date

<p>APPROVAL:</p> <p>_____ <i>Chief of Medicine</i></p>	<p>_____ <i>Date</i></p>
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