

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL
ORTHOPEDIC CLINIC AND IMAGING SERVICES - LONGVIEW**

RADIOLOGY CLINICAL PRIVILEGES

NAME: _____

- Initial appointment
- Reappointment

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.

Minimum Requirement: 500 interpretations transcribed during two-year appointment period: onsite and verified via case logs.

QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in diagnostic radiology.

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 and such other procedures that are extensions of the same techniques and skills.

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Interpretation of Diagnostic Radiographs		
	Magnetic Resonance Imaging		

Acknowledgement of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner’s Signature

Date