

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL
PHYSICIAN ASSISTANT/NURSE PRACTITIONER
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.

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 Physician Assistant/Nurse Practitioner Fluoroscopy requirements: 8 hours of Radiation Safety; 1 hour of equipment training

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.

Initial Application: Proctoring of 5 cases for each requested privilege

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Fluoroscopy		
	Arthrography		
	<u>NEUROLOGICAL</u>		
	Lumbar Puncture w/Fluoroscopy		
	Myelography		
	<u>LINE PLACEMENT</u>		
	Central		
	Picc		

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

Supervising Physician

Date

Supervising Physician

Date

Supervising Physician

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