

IST OF CLINICAL PRIVILEGES – NUCLEAR MEDICINE

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Uncertified/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

I Scope		Requested	Verified
P387357	Nuclear medicine is the specialty that uses the tracer principle, most often with radiopharmaceuticals, to evaluate molecular, metabolic, physiologic, and pathologic conditions of the body for the purposes of diagnosis, therapy, and research. The specific privileges granted to an individual practitioner involving radionuclide use are dependent on the practitioner's Authorized User status as prescribed by the applicable United States Nuclear Regulatory Commission regulations. Practice guidelines developed by imaging specialty organizations in conjunction with a practitioner's training and experience can be used to assess for potential credentialing in the interpretation of the non-tracer-based (i.e. anatomic) imaging components of multi-modality (e.g. PET/CT, SPECT/CT, PET/MR, etc.) nuclear medicine studies.		
Diagnosis and Management (D&M)			
Diagnostic Nuclear Medicine		Requested	Verified
P387359	Utilize unsealed radionuclides for uptake, dilution, and excretion studies		
P387361	Utilize unsealed radionuclides for imaging and localization studies		
P387363	Perform and interpret bone densitometry studies		
P387365	Utilize non-radionuclide tracers for uptake, dilution, excretion, imaging, and localization studies [list specific tracer/tracers as appropriate in Other (Facility- or provider-specific privileges only) section below]		
P387367	Interpret the non-tracer-based (i.e. anatomic) imaging components of multi-modality nuclear medicine studies [list specific modality/modalities as appropriate in the Other (Facility- or provider-specific privileges only) section below]		
Therapeutic Nuclear Medicine		Requested	Verified
P387369	Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)		
P387371	Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)		
P387373	Parental administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required		
P387375	Parenteral administration of any other radionuclide for which a written directive is required		

LIST OF CLINICAL PRIVILEGES – NUCLEAR MEDICINE (CONTINUED)

Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II CLINICAL SUPERVISOR'S RECOMMENDATION

- RECOMMEND APPROVAL RECOMMEND APPROVAL WITH MODIFICATION
(Specify below) RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE
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