

## LIST OF CLINICAL PRIVILEGES – RADIATION ONCOLOGY

**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 military service.

**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, 3, 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. (Unlicensed/uncertified or lacks current relevant clinical experience).

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/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:**

**ADDRESS:**

I Scope		Requested	Verified
P390246	The scope of privileges in Radiation Oncology includes the evaluation, diagnosis, consultation, and management for patients of all ages with tumors (malignant and non-malignant) and radiological treatments of abnormal tissue through the use of x-rays or radionuclides. This includes simulation, treatment planning, and management of the complications of radiologic treatments. Radiation Oncologists may admit and may provide care to patients in the intensive care setting in accordance with MTF policies. They may assess, stabilize, and determine disposition of patients with emergent conditions in accordance with MTF policy.		
Diagnosis and Management (D&M)		Requested	Verified
P390248	External beam megavoltage radiation therapy, including linear accelerator and Cobalt-60 unit		
P390252	Orthovoltage X-ray therapy		
P390254	Electron beam radiotherapy		
P390256	Heavy charged particle external beam therapy		
P390258	Intraoperative radiotherapy		
P390260	Stereotactic radiation procedures		
P390262	Inverse planing/intensity modulated radiation therapy		
P390264	High dose rate after loading brachytherapy		
P390266	Whole body photon therapy		
P390268	Whole body electron therapy		
P390270	Systemic radionucleotide administration (Iodine-131, Strontium-89, Samarium-153)		
P390272	Brachytherapy, including permanent or temporary implants or intracavitary treatment with Cesium-137		
P390274	Brachytherapy, including permanent or temporary implants or intracavitary treatment with Iridium-192		
P390276	Brachytherapy, including permanent or temporary implants or intracavitary treatment with Strontium-90		

LIST OF CLINICAL PRIVILEGES – RADIATION ONCOLOGY (CONTINUED)			
P390278	Brachytherapy, including permanent or temporary implants or intracavitary treatment with Iodine-125 or Palladium-103		
P390280	Hyperthermia		
Procedures		Requested	Verified
P390284	Placement of prostate fiducial markers under ultrasound guidance		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<div> <input type="checkbox"/> RECOMMEND APPROVAL           <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)           <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <p>STATEMENT:</p>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE