

MILLARD FILLMORE SURGERY CENTER, LLC

Name: _____

Date: _____

DELINEATION OF PRIVILEGES – RADIOLOGY

Credentialing period effective for 2 years

<u>LEVEL I (CORE) PRIVILEGES</u> <i>Candidate must be Board Certified by the American Board of Radiology, or the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada in Radiology</i>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
Oversight of Radiation Safety Program.				
Provide consulting services in regard to ionizing radiation services.				
Interpret radiologic studies				

KEY	*<u>NOT GRANTED DUE TO:</u> Provide Details Below	**<u>WITH FOLLOWING REQUIREMENTS</u> Provide Details Below
1) Lack of Documentation		1) With Consultation
2) Lack of Required Training/Experience		2) With Assistance
3) Lack of Current Competence (Databank Reportable)		3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)		4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant Date

_____/_____
Signature of Medical Director Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS