

DELINEATION OF PRIVILEGES PRACTICE AREA: **RADIOLOGY** 

To request these clinical privileges, the following threshold criteria must be met:

- 1. Licensed by the State of Iowa as M.D. or D.O., AND
- 2a. Board Certification by the American Board of Radiology in Diagnostic Radiology or the American Osteopathic Board of Radiology in Diagnostic Radiology, **OR**
- 2b. Successful completion of an ACGME or AOA accredited residency program in radiology **WITH** board certification in 5 years or less of residency completion.

## <u>RADIOLOGY PRIVILEGES</u> - I am requesting radiology privileges for: Requested Granted

X-ray and C-arm imaging and diagnostic procedures Interpretation and Reporting x-ray/c-arm images consultation to medical staff for diagnosis, exclusion, and monitoring of diseases

You are granted privileges to use all skills normally learned during medical school and residency and render any care in a life- threatening emergency or as requested by the Clinical Administration should there be a physician crisis in the facility.

You are expected to practice within the bounds of your training and competence and should not attempt to treat cases, which are not in your scope of practice. Newly developed treatment modalities are not included in this request and must be cleared by the Medical Executive Committee and Governing Board before their performance. Please become familiar with the capabilities and limitations of this facility.

I understand that in making this request I am bound by the applicable bylaws and/or policies of Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for this request. I also certify that I

Modifications: