**RADIOLOGY PRIVILEGE FORM**

**NAME:** ____________________________________________  **EFFECTIVE DATE:** ____________ To ____________

**LEGEND:**
- 1 – BMC - Jax
- 2 – BMC - Beaches
- 3 – BMC - Nassau
- 4 – SV Southside
- 5 – SV Riverside
- 6 – UF Jax/UF TCU
- 7 – Wolfson
- 8 – Brooks
- 9 – BMC - South
- 10 – SV Clay

---

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital’s Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request those privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Core Privileges:

- **Diagnostic Radiology:** Performance of a variety of diagnostic imaging techniques, including all aspects of roentgen diagnosis, diagnostic ultrasound (exclusive of echocardiography), computed tomography (CT), and magnetic resonance imaging (MRI), including other forms of energy for medical imaging. Includes venography by direct needle puncture and jejunal tube placement. Includes history and physical examinations.

- **Nuclear Radiology:** Diagnostic imaging techniques involving external detection of the bio-distribution in the body of radionuclides for diagnosis of disease. Includes the use of radionuclides for therapeutic procedures such as thyroid ablation. Includes history and physical examinations. [++Hospital 1, 4, 5, 7, 9, 10] [++Hospital 2 - Consultative privileges only]

- **Non-Vascular Interventional Radiology:** Diagnosis and treatment of disease using percutaneous methods guided by imaging. Includes history and physical examinations.

- **Interpretation Only:** Provision of radiological interpretations of plain film, roentgen diagnosis or diagnostic ultrasound for patient care and treatment.

- **Teleradiology:** Interpretation of diagnostic medical images by way of digital transmission and display of the images, which include general diagnostic ultrasound (exclusive of echocardiographies), radiography, computer tomography (CT) and magnetic resonance imaging (MRI), including other forms of energy for medical imaging to originating site from a distant site (site of reading).

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Special Procedures:

- **Imaging guided percutaneous tumor ablation [++Hospitals 2]**
- **Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 7, 8, 10]**
- **Varicose Vein Ablation using a Laser [++Hospitals 1, 6]**

**BODY ANGIO DIAGNOSTIC/INTERVENTIONAL PROCEDURES**

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

---

- Privilege not available in this specialty at this hospital.
- ++ Please refer to this hospital’s Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

Edition date – 6/6/17
## RADIOLOGY PRIVILEGE FORM

**NAME:** ____________________________________________

**EFFECTIVE DATE:** ________ To ________

**LEGEND:**

1 – BMC - Jax
2 – BMC - Beaches
3 – BMC - Nassau
4 – SV Southside
5 – SV Riverside
6 – UF Jax/UF TCU
7 – Wolfson
8 – Brooks
9 – BMC - South
10 – SV Clay

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### SPECIAL PROCEDURES

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

- Angiography, angioplasty, atherectomy, thrombolysis, stent placement, embolization *(extremity (arms and legs) and all vessels supplying them including the thoracic and abdominal aorta; renal arteries, mesenteric arteries, and visceral organs; and pulmonary circulation)*, arterial or venous *[++Hospitals 1, 2, 3, 6, 7, 8]*

- Angiography, angioplasty, atherectomy, thrombolysis, stent placement, embolization *(extracranial cerebral circulation including the vertebrals and carotids)*, arterial or venous *[++Hospitals 1, 2, 3, 6, 7, 8]*

- Coronal arteriography – diagnostic venous *[++Hospitals 1, 2, 4, 5, 6, 10]*

- Coronary arteriography – interventional venous *[++Hospitals 1, 2, 4, 5, 6, 9, 10]*

- Endovascular Abdominal or Thoracic Aortic Stent Graft *[++Hospital 1, 4, 5, 6, 9, 10]*

- Imaging guided biopsy, cyst puncture, abscess drainage *[++Hospitals 2, 4, 5, 6, 10]*

- IVC filter placement

- Percutaneous biliary drainage, stone extraction, stent placement *[++Hospitals 2, 4, 5, 6, 10]*

- Percutaneous cholangiography *[++Hospitals 2, 6, 8]*

- Percutaneous gastrostomy/gastrojejunostomy tube placement *[++Hospitals 2, 4, 5, 6, 10]*

- Percutaneous intra-arterial chemotherapy *[++Hospitals 6]*

- Percutaneous nephrostomy for drainage, stone extraction, or stent placement *[++Hospitals 2, 4, 5, 6, 10]*

- Percutaneous transhepatic portal vein catheterization

- PICC and other venous access port placement

- TIPS (percutaneous transjugular portasystemic shunt) *[++Hospitals 1, 2, 6, 7, 9]*

- Transluminal image-guided biopsy

### NEUROANGIOGRAPHY (Diagnostic)

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

- Arch and cerebral angiography *[++Hospitals 2, 4, 5, 6, 10]*

- Diskography *[++Hospitals 2, 4, 5, 10]*

- Extracranial, intracranial, carotid and vertebral angiography *[++Hospitals 2, 4, 5, 6, 10]*

- Myelography *[++Hospitals 2, 4, 5, 6, 10]*

- Spinal angiography *[++Hospitals 2, 4, 5, 10]*

- Privilege not available in this specialty at this hospital.
- Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

Edition date – 6/6/17
### PRIVILEGE FORM

**NAME:** ____________________________________  
**EFFECTIVE DATE:** _______________ To _______________

**LEGEND:**

|---|---------------|-------------------|-----------------|-----------------|-----------------|------------------|------------|-----------|--------------|-------------|

**SPECIAL PROCEDURES**

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

**NEUROINTERVENTIONAL**

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

- Angioplasty, atherectomy, thrombolysis, stent placement, embolization, aneurysm coiling, AVM gluing, intracranial or extracranial cerebrovascular system, arterial or venous interventions [++Hospitals 2, 4, 5, 6, 10]
- Kyphoplasty [++Hospitals 1, 3, 4, 5, 6, 9, 10]
- Percutaneous Disc Nucleoplasty ™ [++Hospitals 1, 4, 5, 6, 10]
- Pain Management including nerve block, facet block, epidural injection, and S-I joint injection [++Hospitals 2, 4, 5, 10]
- Percutaneous vertebroplasty [++Hospitals 1, 4, 5, 6, 9, 10]

**MUSCULOSKELETAL INTERVENTION**

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

- Arthrography [++Hospitals 2]
- Pain Management including nerve block, facet block, epidural injection, joint injection, periarticular injection [++Hospitals 2, 4, 5, 10]

**CARDIOVASCULAR IMAGING**

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

- Cardiac computed tomography (CT)
- Cardiac magnetic resonance imaging (MRI)
- Echocardiography [++Hospitals 2, 6, 7, 8]

**BREAST INTERVENTION AND DIAGNOSIS**

Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.

- Computed tomography (CT) guided needle/wire localization [++Hospitals 2, 6, 8]
- Magnetic resonance imaging (MRI) guided needle/wire localization [++Hospitals 2, 8]
- Magnetic resonance imaging (MRI) guided percutaneous breast biopsies [++Hospitals 1, 2, 7, 8]
- Percutaneous stereotactic breast biopsies [++Hospitals 1, 2, 7, 8]
- Screening and Diagnostic mammography [++Hospitals 1, 8, 12]
- Ultrasound guided needle localization [++Hospitals 1, 2, 7, 8, 12]
- Ultrasound guided percutaneous breast biopsies [++Hospitals 1, 2, 7, 8]
- X-ray guided needle localization [++Hospitals 1, 2, 8]

- Privilege not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

Edition date – 6/6/17
RADIOLOGY PRIVILEGE FORM

NAME: ___________________________________________  EFFECTIVE DATE: ________ To ________

6 – UF Jax/UF TCU  7 – Wolfson  8 – Brooks  9 – BMC - South  10 – SV Clay

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital’s Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital’s Medical Staff Bylaws.

Applicant Signature: ___________________________________________  Date: ________________

- Privilege not available in this specialty at this hospital.
++ Please refer to this hospital’s Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

Edition date – 6/6/17