

DELINEATION OF CLINICAL PRIVILEGES - THERAPEUTIC RADIOLOGY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:
PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.
SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Category I. Includes practitioners who have completed a minimum of three years in an accredited Radiation Oncology program but are not board certified in Radiation Oncology. This includes practitioners who are board certified in Diagnostic Radiology, with special competency in Radiation Oncology, who also have had significant clinical experience practicing Radiation Oncology in the civilian setting (i.e., Diagnostic Radiologists who trained greater than 10 years ago and have "grandfathered" into the specialty.)

Requested	Approved	
		Category I clinical privileges

Category II. Includes practitioners who trained a minimum of 3 or 4 years in an accredited Radiation Oncology program and are actually engaged in the board certification process. This includes physicians who may have successfully completed full written boards and are awaiting their oral boards. It also includes prior category III practitioners who have not re-certified according to American Board of Radiology guidelines.

Requested	Approved	
		Category II clinical privileges

Category III. Includes practitioners who have specialty board certification by the American Board of Radiology or its equivalent. Practitioners who fail to re-certify per guidelines of the American Board of Radiology will revert to category II level of privileges.

Requested	Approved	
		Category III clinical privileges

Privileges

Requested	Approved		Requested	Approved	
		a. External Beam			d. Treatment with Radio-pharmaceuticals
		b. Brachy Therapy			(1) Strontium
		(1) Low dose rate (LDR)			(2) P-32
		(a) Intracavitary			(3) Other <i>(Specify)</i>
		(b) Interstitial			
		(2) High dose rate (HDR)			e. Intraoperative Radiation Therapy (IORT)
		(3) Coronary Artery Brachy Therapy			f. Other <i>(Specify)</i>
		(4) Prostate Brachy Therapy			
		c. Stereotactic Radiosurgery			

COMMENTS

COMMENTS (Continued)

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested

Approval with Modifications (Specify below)

Disapproval (Specify below)

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)

SIGNATURE

DATE (YYYYMMDD)

SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested

Approval with Modifications (Specify below)

Disapproval (Specify below)

COMMENTS

COMMITTEE CHAIRPERSON (Name and rank)

SIGNATURE

DATE (YYYYMMDD)