

EVALUATION OF CLINICAL PRIVILEGES - NUCLEAR MEDICINE

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. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	DIAGNOSTIC NUCLEAR MEDICINE			
	a. In-vivo imaging and non-imaging evaluations using radiopharmaceuticals. All organ systems. <i>(Specify imaging systems below.)</i>			
	(1) planar			
	(2) SPECT			
	(3) PET (coincidence or dedicated)			
	b. In-vivo imaging and non-imaging evaluations using radiopharmaceuticals. Limited to <i>(Specify organ systems):</i> _____ _____ <i>(Specify imaging systems below.)</i>			
	(1) planar			
	(2) SPECT			
	(3) PET (coincidence or dedicated)			
	THERAPEUTIC NUCLEAR MEDICINE			
	a. Treatment of patients using radiopharmaceuticals. All radioisotopes.			
	b. Treatment of patients using radiopharmaceuticals that is limited to <i>(Specify radioisotopes and/or procedures, e.g., I-131 for hyperthyroidism):</i>			
	IN-VITRO NUCLEAR MEDICINE			
	a. Laboratory type studies including radioimmunoassay and blood volume/component analysis using radiopharmaceuticals. All procedures.			
	b. Laboratory type studies including radioimmunoassay and blood volume/component analysis using radiopharmaceuticals that is limited to <i>(Specify procedures):</i>			
	ADDITIONAL PRIVILEGES			
	a. Bone Densitometry			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR

SIGNATURE

DATE *(YYYYMMDD)*