



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Service Chief / Department Chair:** Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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**QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY AND TELERADIOLOGY**

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**Initial Applicants** - To be eligible to apply for privileges in Diagnostic Radiology and Teleradiology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Diagnostic Radiology.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Diagnostic Radiology by the American Board of Radiology or Radiology by the American Osteopathic Board of Radiology or UMHS approved international equivalent.

OR

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Interventional Radiology/Diagnostic Radiology by the American Board of Radiology

AND

Required Current Experience: Demonstrated current competence and evidence of the performance and interpretation of one hundred twenty-five (125) interpretations and examinations, reflective of the scope of privileges requested, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



### RADIOLOGY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

#### CORE PRIVILEGES – DIAGNOSTIC RADIOLOGY AND TELERADIOLOGY

**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

Perform general diagnostic radiology (x-ray, radionuclides, ultrasound, and electromagnetic radiation) to diagnose and treat diseases of patients of all ages. Responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be monitored for an initial twenty (20) interpretations/cases/procedures that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privilege) Requirements*** - To be eligible to renew privileges in Diagnostic Radiology, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least two hundred and fifty (250) radiologic examinations, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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#### QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY

***Initial Applicants*** - To be eligible to apply for privileges in Vascular and Interventional Radiology (VIR), the initial applicant must meet the following criteria:

Successful completion of an ACGME- or AOA-accredited residency in diagnostic radiology followed by completion of a one-year accredited fellowship in Vascular and Interventional Radiology, OR successful completion of an ACGME- or AOA-accredited residency in a surgical discipline followed by completion of a one-year accredited fellowship in Vascular and Interventional Radiology.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in Vascular and Interventional Radiology by the American Board of Radiology or Certificate of Added Qualifications in Vascular and Interventional Radiology by the American Osteopathic Board of Radiology or UMHS approved international equivalent.

OR



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Interventional Radiology/Diagnostic Radiology by the American Board of Radiology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) vascular and interventional radiology procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**CORE PRIVILEGES – VASCULAR AND INTERVENTIONAL RADIOLOGY**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

Admit, evaluate, diagnose, treat patients of all ages by various radiologic imaging modalities (fluoroscopy, digital radiography, computed tomography, sonography, and magnetic resonance imaging). May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be monitored for an initial ten (10) cases/procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in vascular and interventional radiology, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least one hundred (100) VIR cases/procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.



## RADIOLOGY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

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### QUALIFICATIONS FOR NEUROINTERVENTIONAL RADIOLOGY

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**Initial Applicants** - To be eligible to apply for privileges in Neurointerventional Radiology, the initial applicant must meet the following criteria:

As for diagnostic radiology, plus successful completion of an ACGME-accredited fellowship in neuroradiology followed by a fellowship in Neurointerventional Radiology.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in Neuroradiology by the American Board of Radiology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) neurointerventional radiology treatments, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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### CORE PRIVILEGES – NEUROINTERVENTIONAL RADIOLOGY

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Applicant: Requested Initial ☐

Requested Renewal ☐

Service Chief/Chair: Recommended ☐

Not Recommended ☐

Admit, evaluate, diagnose and treat patients of all ages with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise to include integration of endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for an initial five (5) procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in Neurointerventional Radiology, the reapplicant must meet the following criteria:

Current subspecialty board certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in Neuroradiology by the American Board of Radiology or UMHS approved international equivalent.

AND



## RADIOLOGY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

Current demonstrated competence and experience with at least one-hundred (100) Neurointerventional Radiology procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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### QUALIFICATIONS FOR NEURORADIOLOGY

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**Initial Applicants** - To be eligible to apply for privileges in Neuroradiology, the initial applicant must meet the following criteria:

As for Diagnostic Radiology, plus successful completion of an ACGME-accredited fellowship in Neuroradiology.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Neuroradiology by the American Board of Radiology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least one hundred (100) neuroradiology procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

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### CORE PRIVILEGES – NEURORADIOLOGY

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

Admit, evaluate, diagnose, treat patients of all ages with diseases affecting the brain, spine and spinal cord, head, neck, and organs of special sense (eyes, ears, nose) by various radiologic imaging modalities (plain film, fluoroscopy, computed tomography, neurosonography, nuclear medicine, and magnetic resonance imaging). May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for an initial ten (10) procedures that are a representative mix of privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in neuroradiology, the reapplicant must meet the following criteria:



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current subspecialty board certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Neuroradiology by the American Board of Radiology or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least two hundred (200) studies, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR NUCLEAR MEDICINE**

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***Initial Applicants*** - To be eligible to apply for core privileges in Nuclear Medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Nuclear Medicine.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine or UMHS approved international equivalent.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in Nuclear Radiology

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Nuclear Radiology by the American Board of Radiology or a Certificate of Added Qualifications in Nuclear Radiology by the American Osteopathic Board of Radiology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least one hundred (100) nuclear medicine interpretations or therapies, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



### RADIOLOGY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

#### **CORE PRIVILEGES – NUCLEAR MEDICINE**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

Consultation, performance, and interpretation of all nuclear medicine procedures to make diagnostic evaluations, by both in vivo and in vitro techniques, of the anatomic and/or physiologic conditions of the body and to provide therapy with unsealed radioactive sources. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be monitored for an initial twenty (20) cases that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in nuclear medicine, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least two hundred (200) Nuclear Medicine interpretations or therapies, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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#### **EDUCATION PRIVILEGES**

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##### **QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY: BASIC (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)**

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***Initial Applicants*** - To be eligible to apply for privileges in Diagnostic Radiology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Diagnostic Radiology.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Diagnostic Radiology by the American Board of Radiology or Radiology by the American Osteopathic Board of Radiology or UMHS approved international equivalent.

OR





**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in Interventional Radiology/Diagnostic Radiology by the American Board of Radiology

AND

Required Current Experience: Demonstrated current competence and evidence of the performance and interpretation of one hundred (100) interpretations and examinations, reflective of the scope of privileges requested, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**CORE PRIVILEGES – DIAGNOSTIC RADIOLOGY: BASIC (PRACTICING SPECIALIST GAINING ADDITIONAL TRAINING)**

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Applicant: Requested Initial ☐

Requested Renewal ☐

Service Chief/Chair: Recommended ☐

Not Recommended ☐

**Scope of Practice/Privileges:**

Within radiology, these clinicians are receiving additional training and therefore are under the general supervision of Board Certified/Board Eligible Radiologists while performing general diagnostic and radiology (x-ray, radionuclides, ultrasound, CT, MRI) and image-guided intervention (CT-guided, ultrasound-guided, fluoroscopically guided) to diagnose and treat diseases of patients of all ages. These individuals are responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be monitored for an initial ten (10) interpretations / cases / procedures that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privilege) Requirements*** - To be eligible to renew privileges in Diagnostic Radiology, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least two hundred (200) radiologic examinations, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.





**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant.

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**ADVANCED BREAST IMAGING AND INTERVENTIONS**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

***Includes:*** Interpretation of breast imaging studies in ultrasound and mammography as well as interventional breast procedures such as duct injection, aspiration, core biopsy, stereotactic breast biopsy, and pre-operative wire localization and breast cryoablation.

***Criteria:*** Successful completion of an ACGME- or AOA-accredited diagnostic radiology residency that included training in the applicable breast image or interventional technique and meet State of Michigan and FDA requirements for mammography.

***Required Current Experience:*** Demonstrated current competence and evidence of the performance of at least one hundred (100) advanced breast image or interventional techniques (as applicable) in the prior 12 months or completion of training in the past 12 months.

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be proctored in person for a minimum twenty (20) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Renewal of Privilege:*** Demonstrated current competence and evidence of the performance of two hundred (200) of breast image or interventional techniques (as applicable) in the prior 24 months based on results of ongoing professional practice evaluation and outcomes. Continue to meet State of Michigan and FDA requirements for mammography.

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**SCREENING MAMMOGRAPHY (FOR TELERADIOLOGISTS WORKING GREATER THAN 90% REMOTELY ONLY)**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

***Includes:*** Interpretation of screening mammography via teleradiology link.

***Criteria:*** Successful completion of an ACGME- or AOA-accredited diagnostic radiology residency that included training in the applicable breast imaging and meet State of Michigan and FDA requirements for mammography.



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least one hundred (100) screening mammograms in the prior 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored remotely via teleradiology link for a minimum of twenty (20) mammograms. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of two hundred (200) screening mammograms in the prior 24 months based on results of ongoing professional practice evaluation and outcomes. Continue to meet State of Michigan and FDA requirements for mammography.

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**ENDOVASCULAR REPAIR OF THORACIC AND ABDOMINAL AORTIC ANEURYSM IN CONJUNCTION WITH QUALIFIED SURGEON**

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**Applicant:** Requested Initial ☐

Requested Renewal ☐

**Service Chief/Chair:** Recommended ☐

Not Recommended ☐

**Criteria:** Successful completion of an ACGME- or AOA-accredited post graduate training program in interventional radiology. Applicant agrees to limit procedure to use of endovascular repair for which they have demonstrated training and experience. Qualifications should include participation in ten (10) abdominal or five (5) thoracic aortic endovascular stent grafting procedures to include preoperative imaging studies and planning graft measurements and experience with large bore femoral sheath cannulation.

**Required Current Experience:** Demonstrated current competence and longitudinal experience with patients with thoracic and abdominal aortic diseases, including documentation of experience in at least five (5) endovascular repairs of Thoracic Aortic Aneurysm (TAA) and/or Abdominal Aortic Aneurysm (AAA) procedures in the past 12 months, or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be proctored in person for a minimum of five (5) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least eight (8) endovascular repairs of TAA and/or AAA procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**MINIMALLY INVASIVE LUMBAR DECOMPRESSION (MILD)**

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**Applicant:** Requested Initial ☐

Requested Renewal ☐

**Service Chief/Chair:** Recommended ☐

Not Recommended ☐



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Criteria:** Successful completion of an ACGME or AOA-accredited PGT program in pain medicine, neuroradiology, neurosurgery, or orthopedics that included training in image-guided percutaneous procedures involving the spinal region and completion of a hands-on percutaneous Minimally Invasive Lumbar Decompression (MILD) cadaver course with certification. Annual training in radiation safety. Must qualify for and be granted fluoroscopy privileges.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) MILD procedures in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be proctored in person for a minimum of five (5) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Applicant must be able to demonstrate maintenance of competence by evidence of the performance of at least five (5) MILD procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Annual training in radiation safety.

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**PERCUTANEOUS LUMBAR DISCECTOMY (PLD)**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Criteria:** Successful completion of an ACGME or AOA post graduate training program that included training in percutaneous lumbar discectomy or completion of an approved training course in the Percutaneous Lumbar Discectomy (PLD) method for which privileges are requested.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the PLD method for which privileges are requested in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be proctored in person for a minimum of five (5) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the PLD method for which privileges are requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**EXTRACRANIAL CAROTID STENTING**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Criteria:** Successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery<sup>1</sup> that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor.

**Required Current Experience:** Demonstrated current competence and experience with at least one-hundred (100) diagnostic and/or therapeutic vascular procedures as primary operator and twenty-five (25) diagnostic and therapeutic carotid artery stenting procedures including cerebral angiography as primary operator in the past 12 months.

**FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be directly observed for the first five (5) carotid stenting procedures by a physician with carotid stenting privileges. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and experience with the performance of at least fifty (50) interventional procedures per year of which twenty-five (25) must be therapeutic interventions in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**ULTRASOUND GUIDED TENDON FENESTRATION**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Criteria:** Successful completion of relevant proprietary course.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the last 12 months or completion of training in the past 12 months.

**FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will be monitored for their first five (5) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (10) procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

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<sup>1</sup> Other specialties involved include interventional cardiology, vascular and interventional radiology, neurology and neuro-interventional



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**ADMINISTRATION OF INTRATHECAL CHEMOTHERAPY BY LUMBAR PUNCTURE, AS ORDERED BY  
HEMATOLOGIST/ONCOLOGIST**

**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Criteria:** Successful completion of an ACGME-accredited fellowship in Neuroradiology.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least three (3) procedures in the last 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be proctored in person for a minimum of five (5) procedures. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

**ADULT CARDIAC MRI (NON-RADIOLOGISTS)**

**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Scope of Practice:** Supervision and interpretation of MR studies of the heart performed on patients over 18 years of age.

**Criteria:**

Must have an M.D., D.O., or equivalent international degree.

AND

Must have an appointment and clinical privileges in either Radiology or another department at the University of Michigan Health System

AND

Must have ONE of the following:

- Completed a one-year fellowship with specific training in adult cardiac MRI. This training should include a minimum of one-hundred and fifty (150) cardiac MRI studies in adult patients OR three (3) acceptable letters of recommendation attesting to competence in the area.

AND/OR

- Have practiced as a faculty member at another institution supervising and interpreting adult cardiac MRI studies for at least one year.

AND/OR



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Name: \_\_\_\_\_

- Have three (3) months of adult cardiac MRI cumulative training experience with a minimum performance and interpretation of fifty (50) adult cardiac MRI studies and interpretation of one-hundred and fifty (150) adult cardiac studies, and thirty (30) hours of CME related to cardiac MRI, completed within the prior two years.

**Required Current Experience:** Demonstrated current competence and evidence of analysis and interpretation at least twenty-five (25) cases in the past 12 months or completion of training in the past 12 months.

**FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be monitored for their first five (5) cases.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of at least fifty (50) cases in the past 24 months based on results of quality assessment and improvement activities and outcomes.

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**ADULT CARDIAC CT (NON-RADIOLOGISTS)**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Scope of Practice:** Supervision and interpretation of CT studies of the heart performed on patients over 18 years of age.

**Criteria:**

Must have an M.D., D.O., or equivalent international degree,

AND

Must have an appointment and clinical privileges in either Radiology or another department at the University of Michigan Health System,

AND

Must have ONE of the following:

- Completed a one-year fellowship with specific training in adult cardiac CT (both contrast and non-contrast studies). This training should include a minimum of one-hundred and fifty (150) cardiac CT studies in adult patients including at least one-hundred (100) with contrast, OR three (3) acceptable letters of recommendation attesting to competence in the area.

AND/OR

- Have practiced as a faculty member at another institution supervising and interpreting adult cardiac CT (both contrast and non-contrast) studies for at least one year

AND/OR

- Have three (3) months of adult cardiac CT cumulative training experience with a minimum performance and interpretation of fifty (50) adult cardiac CT studies with contrast and the interpretation of one-hundred and fifty (150) adult cardiac studies including at least one-hundred



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

(100) with contrast, and thirty (30) hours of CME related to cardiac CT, all within the prior two years

**Required Current Experience:** Demonstrated current competence and evidence of analysis and interpretation at least twenty-five (25) cases in the past 12 months or completion of training in the past 12 months.

**FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be monitored for their first five (5) cases.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of at least fifty (50) cases in the past 24 months based on results of quality assessment and improvement activities and outcomes.

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**CARDIAC NUCLEAR MEDICINE (INCLUDING PET/SPECT MPI, MUGA, PET VIABILITY) (NON-RADIOLOGISTS)**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Scope of Practice:** Supervision and interpretation of Cardiac Nuclear Medicine studies, including myocardial perfusion (SPECT and PET), MUGA and PET Myocardial Viability.

**Criteria:**

Must have an M.D., D.O., or equivalent international degree.

AND

Must be certified by an ABMS or AOA member board or a UMHS approved international equivalent

AND

Must have an appointment and clinical privileges in either Radiology (Nuclear Medicine) or another department at the University of Michigan Health System,

AND

Must have one of the following:

- Completed an ABIM fellowship in Cardiovascular Medicine with a minimum of 12 months of specific training in cardiac nuclear medicine, including experience with both single-photon and positron-emitting radiotracers, OR three (3) acceptable letters of recommendation attesting to competence in the area.

OR

- Have practiced as a faculty member at another institution supervising and interpreting nuclear cardiac studies for at least one year.

OR





**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

- Have 12 months of nuclear cardiology training, including mentored performance and interpretation of at least two hundred (200) studies, including SPECT MPI, MUGA, PET MPI and PET viability scans within the prior two years.

**Required Current Experience:** Demonstrated current competence and evidence of analysis and interpretation at least fifty (50) cases in the past 12 months or completion of training in the past 12 months.

**FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be monitored for their first five (5) cases.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of at least one hundred (100) cases in the past 24 months based on results of quality assessment and improvement activities and outcomes.

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**PEDIATRIC CARDIAC MRI (NON-RADIOLOGISTS)**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Scope of Practice:** Supervision and interpretation of MR studies of the heart and great vessels of the thorax performed on patients under 18 years of age and patients over 18 years of age with congenital heart disease.

**Criteria:**

Must have an M.D., D.O., or equivalent international degree.

AND

Must have an appointment and clinical privileges in another department at the University of Michigan Health System

AND

Must have ONE of the following:

- Completed a one-year fellowship with specific training in pediatric and congenital heart cardiac MR studies. This training should include a minimum of one-hundred and fifty (150) cardiac MR studies in pediatric and congenital heart, OR three (3) acceptable letters of recommendation attesting to competence in the area.

AND/OR

- Have practiced as a faculty member at another institution supervising and interpreting pediatric and congenital heart cardiac MR studies for at least one year.

AND/OR

- Have three (3) months of pediatric and congenital heart cardiac MR cumulative training experience with a minimum performance and interpretation of fifty (50) pediatric and congenital heart cardiac MR studies and the interpretation of one-hundred and fifty (150) pediatric and



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

congenital heart cardiac studies, and thirty (30) hours of CME related to pediatric and congenital heart cardiac MR, all within the prior two years.

**Required Current Experience:** Demonstrated current competence and evidence of analysis and interpretation at least twenty-five (25) cases in the past 12 months or completion of training in the past 12 months.

**FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be monitored for their first five (5) cases.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of at least fifty (50) cases in the past 24 months based on results of quality assessment and improvement activities and outcomes.

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**PEDIATRIC CARDIAC CT (NON-RADIOLOGISTS)**

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**Applicant: Requested Initial** ☐

**Requested Renewal** ☐

**Service Chief/Chair: Recommended** ☐

**Not Recommended** ☐

**Scope of Practice:** Supervision and interpretation of CT studies of the heart on patients under 18 years of age and patients over 18 years of age with congenital heart disease.

**Criteria:**

Must have an M.D., D.O., or equivalent international degree.

AND

Must have an appointment and clinical privileges in another department at the University of Michigan Health System.

AND

Must have ONE of the following:

- Completed a one-year fellowship with specific training in pediatric and congenital cardiac CT (both contrast and non-contrast studies). This training should include a minimum of one-hundred and fifty (150) cardiac CT studies in pediatric and congenital heart patients, OR three (3) acceptable letters of recommendation attesting to competence in the area.

AND/OR

- Have practiced as a faculty member at another institution supervising and interpreting pediatric and congenital cardiac CT (both contrast and non-contrast) studies for at least one year.

AND/OR

- Have three (3) months of pediatric and congenital cardiac CT cumulative training experience with a minimum performance and interpretation of fifty (50) pediatric and congenital cardiac CT studies and the interpretation of one-hundred and fifty (150) pediatric and congenital cardiac CT studies, and thirty (30) hours of CME related to pediatric and congenital cardiac CT, all within the prior two years.



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Name: \_\_\_\_\_

***Required Current Experience:*** Demonstrated current competence and evidence of analysis and interpretation at least twenty-five (25) cases in the past 12 months or completion of training in the past 12 months.

***FPPE NEW HIRE/NEW PRIVILEGE:*** All new applicants will be monitored for their first five (5) cases.

***Renewal of Privilege:*** Demonstrated current competence and evidence of performance of at least fifty (50) cases in the past 24 months based on results of quality assessment and improvement activities and outcomes.



# MICHIGAN MEDICINE

## UNIVERSITY OF MICHIGAN

### RADIOLOGY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

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#### SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)

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A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ FLUOROSCOPY (FOR A NON-RADIOLOGIST)
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ CHEMOTHERAPY (FOR NON-ONCOLOGIST)
- ▶ SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)
- ▶ BATTLEFIELD AURICULAR ACUPUNCTURE

PLEASE go to URL: [www.med.umich.edu/i/oca/mss/pdocs](http://www.med.umich.edu/i/oca/mss/pdocs) for instructions, or contact your Clinical Department Representative.



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**CORE PROCEDURE LIST**

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*This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

**Diagnostic Radiology and Teleradiology**

1. Administration of contrast material via oral, rectal, stomal, and intravascular routes, and directly or indirectly into body cavities, tracts, and organs\*
2. Computed tomography (CT) of the whole body including the brain, spine, thorax, abdomen, and pelvis, extremities and their associated vasculatures
3. Diagnostic nuclear radiology of the whole body including the thorax, abdomen, and pelvis, extremities and their associated vasculatures
4. Image guided diagnostic and therapeutic procedures (e.g. lumbar puncture, biopsy, fluid aspiration/drainage)\*
5. Magnetic resonance imaging (MRI) of the whole body including the brain, spine, heart, abdomen, and pelvis, extremity and their associated vasculatures
6. Positron emission tomography (PET)
7. Routine imaging, e.g., interpretation of plain films, intravenous pyelography, fluoroscopy, chest, abdomen, pelvis
8. Ultrasound

\*Privileges exclude teleradiologist

**Vascular and Interventional Radiology**

1. Perform history and physical exam
2. Angiography, arteriography, venography
3. Angioplasty
4. Vascular embolic coil occlusions
5. Endovenous laser therapy
6. Gonadal vein embolization
7. Image guided foreign body retrieval
8. Insertion and management of central venous and dialysis access line
9. Lymphangiography, lymphatic interventions
10. Non-vascular interventional procedure, including soft tissue biopsy, abscess and fluid drainage, gastrostomy, gastrojejunostomy, nephrostomy, biliary procedures, and ablation of neoplasms and cysts, ureteral stents
11. Non-invasive diagnostic vascular radiology to include ultrasonography, pulse volume recordings, CT and MRI
12. Placement and retrieval of inferior vena cava filter
13. Therapeutic infusion of vasoactive agents



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

14. Therapeutic vascular radiology including balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation includes transarterial chemoembolization and radioembolization (excludes carotid and intracranial intervention)
15. Transcervical fallopian tube recanalization
16. Transjugular intrahepatic portosystemic shunt (TIPS), transvenous variceal occlusion
17. Uterine artery embolization for leiomyoma
18. Venography and venous sampling

**Neurointerventional Radiology**

1. Perform history and physical exam
2. Angiography and embolization of spinal arteriovenous malformations
3. Catheter directed intra-arterial stroke therapy
4. Cavernous sinus sampling
5. Cerebral digital subtraction angiography
6. Embolization of brain arteriovenous malformations
7. Endovascular treatment of intracranial aneurysms
8. Extracranial and intracranial angioplasty and stenting
9. Extracranial endovascular procedures
10. Interpreting diagnostic studies
11. Intra-arterial thrombolysis and mechanical thrombectomy
12. Intracranial stent placement
13. Intra-cranial/Intra-arterial chemotherapy
14. Participating in short-term and long-term post procedure follow-up care, including neurointensive care
15. Pre and post-operative management of endovascular patients
16. Provocative and occlusion tests
17. Venous embolization of fistulas/thrombosis

**Neuroradiology**

1. Carotid artery stenting
2. Diagnostic catheter-based cerebral angiography
3. Discography epidural injections and nerve blocks
4. Functional activation Studies (fMRI)
5. Kyphoplasty
6. Magnetic resonance spectroscopy (MRS)
7. Percutaneous minimally-invasive procedures for image-guided biopsies, spinal canal access (for myelography, spinal fluid analysis, and medication installation)
8. PET
9. Sialography and lacrimal gland injection
10. SPECT
11. Spine interventions
12. Vertebroplasty



**RADIOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

13. Cisternography
14. Vertebral augmentation procedures to include percutaneous techniques to achieve internal vertebral body stabilization

**Nuclear Medicine**

1. Perform history and physical exam in patients referred for radiopharmaceutical therapy
2. Diagnosis, evaluation, clinical management, treatment, monitoring, decontamination, and subsequent control for patients experiencing radiation overexposure in any form
3. Interpretation of DEXA scans
4. Supervise, interpret and report studies of uptake and excretion of radiotracers
5. Supervise, interpret and report imaging studies following systemic radiotracer administrations
6. Supervise, interpret and report X-ray CT performed in conjunction with radiotracer tomography (PET/CT and SPECT/CT)
7. Plan, supervise, perform, and report radiotherapy with unsealed sources

**Diagnostic Radiology (Education)**

1. Computed tomography (CT) of the whole body including the heart, abdomen, and pelvis, extremities and their associated vasculatures
2. Diagnostic nuclear radiology of the whole body including the heart, abdomen, and pelvis, extremities and their associated vasculatures
3. Image guided diagnostic and therapeutic procedures (e.g. lumbar puncture, biopsy, cyst aspiration)
4. Magnetic resonance imaging (MRI) of the whole body including the heart, abdomen, and pelvis, extremity and their associated vasculatures
5. Positron emission tomography (PET)
6. Routine imaging, e.g., interpretation of plain films, intravenous pyelography, fluoroscopy, chest, abdomen, pelvis
7. Ultrasound
8. Administration of contrast material via oral, rectal, stomal, and intravascular routes, and directly or indirectly into body cavities, tracts, and organs





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### RADIOLOGY CLINICAL PRIVILEGES

Name: \_\_\_\_\_

#### **ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- 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 the Medical Staff Bylaws or related documents.

**Practitioner Printed Name** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

#### **Notes**

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\_\_\_\_\_  
\_\_\_\_\_

**Service Chief Printed Name** \_\_\_\_\_

**Service Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Chair Printed Name** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Committee on Clinical Affairs Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Board Action** \_\_\_\_\_ **Date** \_\_\_\_\_