



**Department of Diagnostic Radiology  
Delineation of Privileges**

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

Date: \_\_\_\_\_

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category III:</b> to be eligible for Category III privileges, applicants must have completed an ACGME approved Radiology residency program or equivalent, be Board Certified, and have completed the appropriate fellowship. <b>Category III privileges are as follows:</b>		
Peripheral/Visceral Thrombolysis		
Peripheral/Visceral Angioplasty or Stent Placement		
Peripheral/Visceral Vascular Embolization		
Biliary Drainage		
Nephrostomy/Ureteral Stent Placement		
Selective Cerebral/Spinal Angiography		
Pulmonary Angiography		
Carotid Recanalization/Stent Placement		
Intracranial Thrombolysis/Infusion for Vasospasm		
Cerebral AVM/Aneurysm/Fistula Occlusion		
Application of Methacrylate/Bone Cement as a Prosthetic Device		
Spinal Vascular Embolization		
Use of Liquid Tissue Adhesive for Embolization		
Venous Ablation Utilizing Laser Intervention *separate laser application required		
Other ( <i>please list</i> )		
<b>Category IV: Special/Cross Disciplinary Procedures:</b>		
<b>Moderate (Conscious) Sedation</b> - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral &amp; Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon (Not Argon Plasma Coagulation)		
Nd-Yag		
Other: _____		

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chief's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
William Regine, MD, Chairman

\_\_\_\_\_  
Date

*Required if any privilege is not approved*

\_\_\_\_\_  
Applicant's Confirming Signature

\_\_\_\_\_  
Date