

**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
Category III: 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. Category III privileges are as follows:		
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>)		
Category IV: Special/Cross Disciplinary Procedures:		
Moderate (Conscious) Sedation - 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 & 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

Reuben Mezrich, MD, Chairman

Date

Required if any privilege is not approved

Applicant's Confirming Signature

Date