**UNIVERSITY OF MARYLAND MEDICAL CENTER**
**Department of Radiation Oncology**
**Delineation of Privilege Form**

Applicants for membership in the Department of Radiation Oncology of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff.

**Please indicate the Staff Category to which you wish to apply:** *(refer to Medical Staff Bylaws for qualifications)*

_____ **Active** _____ **Courtesy**

**Name:** _____ **Date:** _____

**Board Certification Status:**
**American Board of** _____ _____ **Yes** _____ **Eligible until:** _____ _____ **No**
**Other Boards:** _____ _____ **Yes** _____ **Eligible until:** _____ _____ **No**

Please check where privileges will be performed:

____ The Breast Center ___ Greenebaum Cancer Center
___ University of Maryland Medical Center ___ All Sites

| **Privilege/Operative Procedure** | **Check ( √ ) if Requested** | **Chair Approval**<br>**Initial if Yes**<br>**Write Not Approved if No** |
|---|---|---|
| **Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm.** ***Approved per the Medical Staff Bylaws** | √* | **Yes** |
| **Category I – Core Privileges:** To be eligible for core privileges, applicants must have completed an ACGME approved Radiation Oncology residency program and be Board Certified or Equivalent (or a candidate for Board Certification). | | |
| **Category I Outpatient/Ambulatory Services:**<br>Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include:<br>• General patient examination and care involving observation, assessment, planning, implementation and evaluation.<br>• Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs.<br>• Performs Preventative health care counseling and instructs patients and/or families on treatment plans.<br>**Ambulatory Service locations are as follows:** | | |
| **Greenebaum Cancer Center**: Privileges include ambulatory core privileges as listed above in addition to: lumbar puncture, ommaya puncture, bone marrow aspiration & bx, thoracentesis, paracentesis, fine needle aspiration & bx, CVP placement, lymphnode aspiration & bx, skin bx | | |
| **The Breast Center**: Privileges include ambulatory core privileges as listed above in addition to: lumbar puncture, ommaya puncture, bone marrow aspiration & biopsy, thoracentesis, paracentesis, fine needle aspiration & biospy, CVP placement, lymphnode aspiration & biospy, skin biopsy | | |

**Name:** _____ **Date:** _____

| Privilege/Operative Procedure | Check ( √ ) if Requested | Chair Approval<br>Initial if Yes<br>Write Not Approved if No |
|---|---|---|
| **<u>UMMC Category I - Core Privileges</u>: Core privileges include the following:**<br><br>**<u>Diagnostic Procedures</u>:** Direct laryngoscopy, Cervical dilation for implants | _____ | _____ |
| **<u>Treatment Planning and Treatment Verification:</u>** Use of CAT Scanner/Simulator; Use of computerized assisted treatment planning and dosimetry (external beam and radioactive implants); Stereotaxis and Stereotactic systems; All 2-D, 3-D, IMRT, and ITP treatment planning systems; All other routine procedures for tumor and/or treatment localization and/or assessment of tumor response in simulator or treatment units such as use of contrast enhancement, barium swallow, barium enema, bladder catheterization, urethrograms, metallic clip markers, color dyes, air instillation, renographic material obturators, markers and others; All aspects of treatment verification including quality assurance procedures and use of in-vivo dosimetric measures.<br><br>**<u>Therapeutic Units Usage</u>:** Orthovoltage X-ray Units (50-400 KEV); Cobalt-60 (1.1-1.3 MeV); Linear Accelerators with electron capacity.<br><br>**<u>Intracavity and Interstitial Sealed Source Therapy</u>**: Intracavitary sources (Cobalt-60, CS-137, Ir-192); Interstitial sources (Ir-192, Iodine-125, Neutron, Radium, AU-198, Palladium 103).<br><br>**<u>Body Surface Isotopic Applicator</u>:** Radium, Cesium, or other isotope mould.<br><br>**<u>Miscellaneous</u>**: Administration of drugs or chemicals related to radiation (such as response modifiers, protectors, enhancers, photoporphyrins), or for elective treatment or precautionary measures to and from the use of radiation or cancer management; Admission of patients for radiotherapy procedures which include radioactive implants and/or complicated treatments; Total body and half-body photon external beam therapy; Total body and half-body skin electron therapy; Use of unconventional fractionation schedules. | | |
| **Category II:** to be eligible for Category II privileges, applicants must have completed an ACGME approved Radiation Oncology residency program, be Board Certified or Equivalent, and provide documentation as to course work and recent experience. **Category II privileges are as follows:** | | |
| Hyperthermic interstitial therapy equipment and sources and use of Clinical Hyperthermia Equipment | | |
| Intracavitary and interstitial delivery systems | | |
| Intracavitary and vascular brachytherapy with unsealed sources, including SirSpheres, Gliasite, and radiolabeled targeted therapies | | |
| P-32 colloidal instillation (abdominal or pleural cavity) | | |
| Strontium-90 eye applicator | | |
| Remote high dose rate afterloader unit | | |
| Gamma Knife Unit | | |
| **Category III: <u>Special/Cross Disciplinary Procedures</u>:** | | |
| **Moderate (Conscious) Sedation** - Criteria for Approval:<br>1. Proof of Current BCLS certification (please attach);<br>2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). *(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)* | | |
| **Laser Privileges** (separate application required) | | |
| Carbon Dioxide | | |
| Argon | | |
| Nd-Yag | | |
| **Ultrasound Procedures** (please list) | | |
| | | |
| | | |

**Name:** _____ **Date:** _____

_____ _____
Applicant's Signature Date

_____ _____
William Regine, MD, Department Chairman Date

_____ _____
Applicant's Confirming Signature Date
*(required if any requested privilege is not approved)*