DELINEATION OF CLINICAL PRIVILEGES - NUCLEAR MEDICINE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

Includes practitioners who have completed a limited training program in nuclear medicine, such as part of an accredited residency. Under this category of privileges, practitioners may perform and interpret procedures only within a specialized area of nuclear medicine (e.g. heart, thyroid).

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.

Includes practitioners who have completed a minimum of six months of nuclear medicine training, involving all organ systems, in an accredited program, but are not necessarily board certified. Under this category practitioners may perform and interpret in multiple areas but must request consultation to perform or interpret modified or new procedures, or when the diagnosis is in doubt.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.

Includes practitioners who have completed eighteen months of nuclear medicine training in an accredited program, but who are not necessarily board certified. Under this category practitioners may perform and interpret in multiple areas but must request consultation when the diagnosis is in doubt.

Requested	Approved	
		Category III clinical privileges

Category IV. Includes Categories I, II and III.

Includes practitioners who have specialty certification granted by the American Board of Nuclear Medicine, the American Board of Radiology with Special Competence, or their equivalent. Members in this category may perform and/or interpret procedures on a full-time basis without consultation.

Requested	Approved	
		Category IV clinical privileges

DIAGNOSTIC NUCLEAR MEDICINE

a. In-vivo imaging and non-imaging evaluations using radiopharmaceuticals. All organ systems. *(Specify imaging systems below.)*

Requested	Approved	
		(1) planar
		(2) SPECT
		(3) PET (coincidence or dedicated)

b. In-vivo imaging and non-imaging evaluations using radiopharmaceuticals. Limited to *(Specify organ systems):* _____ *(Specify imaging systems below.)*

Requested	Approved	
		(1) planar
		(2) SPECT
		(3) PET (coincidence or dedicated)

THERAPEUTIC NUCLEAR MEDICINE

Requested	Approved	
		a. Treatment of patients using radiopharmaceuticals. All radioisotopes.
		b. Treatment of patients using radiopharmaceuticals that is limited to (Specify radioisotopes and/or procedures, e.g., I-131 for hyperthyroidism):

IN-VITRO NUCLEAR MEDICINE		
Requested	Approved	
		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 (*Specify procedures*):

ADDITIONAL PRIVILEGES					
Requested	Approved		Requested	Approved	
		a. Bone Densitometry			

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - NUCLEAR MEDICINE

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

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. *(Specify imaging systems below.)*			
	(1) planar			
	(2) SPECT			
	(3) PET (coincidence or dedicated)			
	b. In-vivo imaging and non-imaging evaluations using radiopharmaceuticals. Limited to *(Specify organ systems):* _____ _____ *(Specify imaging systems below.)*			
	(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 (Specify radioisotopes and/or procedures, e.g., I-131 for hyperthyroidism):			
	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 *(Specify procedures):*			
	ADDITIONAL PRIVILEGES			
	a. Bone Densitometry			

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

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*