



## ALLIED HEALTH PROFESSIONAL STAFF

### Delineation of Privileges

#### Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently one or more of the subfields of medical physics.

#### **I. Therapeutic Radiological Physics**

This particular field pertains to: the therapeutic applications of x-rays, gamma rays, electron and charged particle beams, neutrons and radiations from sealed radionuclide sources

- the equipment associated with their production, use, measurement and evaluation
- the quality of images resulting from their production and use
- medical health physics associated with this subfield

#### **II. Diagnostic Radiological Physics**

This particular field pertains to:

- the diagnostic applications of x rays, gamma rays from sealed sources, ultrasonic radiation, radio frequency radiation and magnetic fields
- the equipment associated with their production, use, measurement and evaluation
- the quality of images resulting from their production and use
- medical health physics associated with this subfield

#### **III. Medical Nuclear Physics**

This particular field pertains to:

- the therapeutic and diagnostic applications of radionuclides (except those used in sealed sources for therapeutic purposes)
- the equipment associated with their production, use, measurement and evaluation
- the quality of images resulting from their production and use
- medical health physics associated with this subfield

#### **IV. Medical Health Physics**

This particular field pertains to:

- the safe use of x rays, gamma rays, electron and other charged particle beams of neutrons or radionuclides and of radiation from sealed radionuclide sources for both diagnostic and therapeutic purposes, except with regard to the application of radiation to patients for diagnostic or therapeutic purposes
- the instrumentation required to perform appropriate radiation surveys

It is expected that an individual will not hold himself/herself out to be qualified in a subfield for which he/she has not established competency. An individual will be considered competent to practice one or more of the subfields of Medical Physics if that individual is certified in that subfield by any one of the following, **or has the necessary training and experience through an accredited program and actually engaged in the certification process:**

- The American Board of Radiology
- The American Board of Medical Physics
- The American Board of Health Physics
- The American Board of Science in Nuclear Medicine

**SCOPE OF PRACTICE:**

The essential responsibility of the Qualified Medical Physicist's clinical practice is to assure the safe and effective delivery of radiation to achieve a diagnostic or therapeutic result as prescribed in patient care. The medical physicist performs or supervises the pertinent procedures necessary to achieve this objective. The responsibilities of the medical physicist include: protection of the patient and others from potentially harmful or excessive radiation; establishment of adequate protocols to ensure accurate patient dosimetry; the measurement and characterization of radiation; the determination of delivered dose; advancement of procedures necessary to ensure image quality; development and direction of quality assurance programs; and assistance to other health care professionals in optimizing the balance between the beneficial and deleterious effects of radiation.

(R)= Requested (A)=Recommended as Requested (C)=Recommended with Conditions (N)=Not Recommended

(R)		(A)	(C)	(N)	Condition/Reason(s)
	<b>PRIVILEGES:</b>				
	Therapeutic Radiological Physics				
	Diagnostic Radiological Physics				
	Medical Nuclear Physics				
	Medical Health Physics				

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise at Teche Regional Medical Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**HEALTH STATEMENT**

**TO CHIEF OF SERVICE / CHIEF OF STAFF**

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES  NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES  NO

If yes, please explain:

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3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST?  YES  NO

If yes, please give date of positive skin test. \_\_\_\_\_

If no, when was your last PPD test? \_\_\_\_\_

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHIEF OF SERVICE

\_\_\_\_\_  
DATE