

**Radiation Oncology**

**Basic Education:** M.D. or D.O.

**Minimal Formal Training:** Successful completion of an ACGME or AOA-approved four-year residency training program in radiation oncology or successful completion of a three-year residency followed by a one-year fellowship program in radiation oncology. Must be Board Eligible or Board Certified.

**Required Previous Experience:** The applicant must demonstrate that he or she has provided primary or consultative services in radiation oncology for at least 25 patients over the past 12 months.

Other privileges requested for which you have current clinical competency may be listed below. Documentation of training and/or experience must be provided for any special privileges requested. I understand that by making this request, I am bound by the applicable laws and policies of the Medical Center and hereby stipulate that I meet the minimum threshold criteria for this request.

_____	_____
_____	_____
_____	_____

I understand that it is my obligation to notify the President of the Medical Staff of any procedure or mode of medical care in which I might engage that is not listed. I certify to the best of my knowledge, I am qualified and have professional liability insurance coverage for practice within the scope of privileges requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RADIATION ONCOLOGY  
CHECK PROCEDURE REQUESTED**

<b>Privileges requested</b>	<b>Minimum formal training</b>	<b>Required previous experience</b>	<b>Reappointment criteria</b>
Intravascular Brachytherapy for Coronary Arteries  <input type="checkbox"/>	Applicants must complete an accredited training program in interventional cardiology or radiation oncology. In addition, applicants must complete a training course given by the company that developed the device used in the IVB for coronary arteries procedure. The training should include proctored cases.	Applicants must demonstrate that they performed five IVB for coronary arteries procedures in the past 12 months.	Providers must demonstrate competency with evidence that they have performed ten IVB coronary arteries procedures in the past 24 months.  Continuing education related to IVB coronary arteries must be provided

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date