

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR RADIATION ONCOLOGY

Minimum Threshold Criteria

To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.

1. *Basic education:* M.D. or D.O.
2. *Minimal formal training:* The applicant must demonstrate successful completion of an approved four-year residency in radiation oncology or successful completion of a three-year residency followed by a one-year fellowship program in radiation oncology at an institution approved for ACGME graduate medical education.
3. *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.

References:

Letters of recommendation should come from the director of a radiation oncology department or from the director of a radiation oncology residency or fellowship program.

I understand that in making this request I am bound by West Jefferson Medical Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.

Physician's signature

Typed or printed name

Date

Approved: 3/97

"In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."