

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**

CLINICAL AREA: **RADIATION MEDICINE**

Name: \_\_\_\_\_

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must <b>MUST</b> meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who <b>CANNOT</b> :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who <b>MUST</b> :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, <b>other than the volume of clinical activity.</b>			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	<p>Current demonstrated competence and an adequate volume of current experience with acceptable results with patients of all age groups, except as specifically excluded from practice; <b>and</b></p> <p>Current certification, or active participation in the examination process leading to certification, in therapeutic radiology or radiation oncology by the American Board of Radiology or its equivalent within five (5) years of completion of residency training; <b>or</b></p> <p>Successful completion of an ACGME/AOA accredited residency/fellowship program in radiation oncology or other formal training and experience equivalent to that received in such a residency/fellowship and acceptable practice in the privileges requested for at least an additional three (3) years.</p>
Observation Requirements	As specified in the Radiation Medicine Service rules and regulations.

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
<b>GENERAL</b>					
	RO00310	Admit, treat, consult on problem/condition requiring radiation therapy and general oncology			
	RO00311	Special Care Unit privileges restricted to care of the specialty needs of the patient (see specific unit supplement)			
	RO12870	Treatment planing and dosimetry			
	RO12600	Tissue biopsy			
	RO12900	Tumor localization and simulation			
	RO11870	Supervision of treatment course			
		Supervision of residents and students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
<b>EXTERNAL BEAM THERAPY</b>					
	RO07980	Megavoltage photon beam therapy			
	RO03720	Electron beam therapy			
	RO06120	Intraoral, transvaginal cone therapy			
	RO04710	Radiosurgery			
	RO09000	Orthovoltage x-rays			
	RO11867	Superficial x-rays			
	RO09971	Proton beam therapy			
	RO06222	Intraoperative electron therapy			
<b>RADIOTHERAPY ADJUVANTS</b>					
	RO10747	Radiosensitizers			
	RO10748	Radioprotectors			
<b>INTRACAVITARY</b>					
	RO13270	Uterus/Vagina afterloading tandem/ovoids			
	RO13300	Vaginal cylinder			
	RO03800	Endobronchial, esophageal, choledochal, urethral, nasal, oral, rectal brachytherapy			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
<b>INTERSTITIAL</b>					
	RO00010	<sup>125</sup> Iodine seed implant			
	RO00020	<sup>192</sup> Iridium seed implant			
<b>SURFACE APPLICATIONS</b>					
	RO00040	<sup>90</sup> Strontium			
	RO11910	Surface Mold			
<b>ISOTOPES</b>					
	RO00045	p <sup>32</sup>			
	RO00010	Iodine			
	RO00040	Strontium			

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**Acknowledgment of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\* *For Hospital and/or Clinic Use Only* \*\*\*\*

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

\_\_\_\_\_  
 Chief of Service

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Credentials Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Medical Executive Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approved By Governing Body

\_\_\_\_\_  
 Date