MEDSTAR UNION MEMORIAL HOSPITAL
DELINEATION OF PRIVILEGES
RADIATION ONCOLOGY

Name (print or type): ____
Last First M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Radiation Oncology **Consulting Privileges in the care of patients with Cancer:** Comprehensive Patient Evaluation & Management: Comprehensive (multidisciplinary) treatment planning for patients with cancer and related disorders and occasional benign disorders Interpretation of tumor localization studies for the management of neoplastic disorders Combined modality therapy (e.g. surgery, radiation therapy, chemotherapy used concurrently or in a timed sequence) Intensive (multimodality) supportive care of patients with physiologic abnormalities due to neoplasia or their treatment (e.g. hypercalcemia, marrow failure) Endoscopy Indirect Laryngoscopy Nasopharyngoscopy			
Radiation Therapy Planning Procedures: Computer assisted tumor simulation and treatment planning (external beam therapy and radioactive implants) Computer assisted tomography treatment planning Tumor, contour treatment planning Prescription of focus blocks, molds and other special devices for external beam therapy Radiation therapy by external beam Contact radiation therapy Brachytherapy: intracavitary and interstitial applications Radioactive isotope therapy: systemic or localized Total body or large field irradiation Extracorporeal irradiation Use of radiation sensitizers, radiation protective agents and similar drugs High-Dose-Rate radiation therapy by remote afterloader Cardiovascular bracytherapy Prostate bracytherapy Radiolabelled Antibody treatment			
NON CORE PRIVILEGES:			
OTHER:			

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. **(Non-Electronic)** If filling out the delineation by hand, please provide your original signature and date.

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Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

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Department Chief Signature Date

Revised 8/21/02, 11/20/03, 7/05, 2/07, 3/28/08, 6/11/08, 3/7/13 radiation oncology
APPROVED PPQOC 4/17/08