

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**

**Radiology**

**Delineation of Privilege Form**

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

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

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges</b>				
General Radiography				
Ultrasound				
Computed Tomography				
Magnetic Resonance Imaging				
Fluoroscopic GI / Other studies (please specify)				
IVP / Cystography				
Hysterosalpingography				
Tract / Duct Injection				
Contrast Injection				
Mammography (per MQSA requirement)				
Nuclear Medicine Studies				
<b>Category IIA Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised ACGME residency or other acceptable advanced training</b>				
Fluoroscopic Biopsy				
Fluoroscopic Drainage				
Cross-sectional Image-Guided Biopsy				
Cross-sectional Image-Guided Drainage				
Cross-sectional Image-Guided therapy				
Interventional Breast Procedures				
Therapeutic Nuclear Medicine				
Myelography				
Arthrography				
Diagnostic Angiography (excluding pulmonary and selective cerebral and spinal angiography)				

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Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category IIB Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised ACGME fellowship or other acceptable advanced training</b>				
Peripheral / Visceral Thrombolysis				
Peripheral / Visceral Angioplasty or Stent Placement				
Peripheral / Visceral Vascular Embolization				
Biliary Drainage				
Nephrostomy / Ureteral Stent Placement				
Selective Cerebral / Spinal Angiography				
Pulmonary Angiography				
Carotid Recanalization / Stent Placement				
Intracranial Thrombolysis / Infusion for Vasospasm				
Application of Methacrylate / Bone Cement as a Prosthetic Device				
Use of Liquid Tissue Adhesive for Embolization				
<b>Moderate Sedation-</b> Criteria for Approval: must be competent in airway management				
Other: <i>(please list)</i>				

**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 UMMC Midtown Campus; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus and medical staff policies and rules applicable generally and all applicable to the particular situation.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**