



Privileges for: Radiation Oncology

Request

\_\_\_\_\_  
Anesthesia Section Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intensity Modulated Radiation Therapy/Image Guided Radiation Therapy - 77338, 77418, 4165F

**II. Additional Privileges:** In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

\_\_\_\_\_  
Stereotactic radiotherapy - 32701, 77373, 77435

**(ADDITIONAL REQUIREMENT: Residency training or post-residency training or mentoring by credentialed Member for 10 cases)**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_