Regions Hospital Delineation of Privileges Radiology/Emergency Services/Imaging Center

	Last	First	M	Date		
Instructions:	Applicants must provide complete names and addresses for their references. <u>Please DO NOT SEND letters of recommendation along with your application</u> . These must be primary source verified by Regions Hospital. If documentation of cases or procedures is required, please attach case and/or procedural logs to your privilege delineation.					
	E I – Privileges to Pro s listed below)	vide Emergency Serv	vices (This box <u>must</u>	be checked if you desire		

Privileges	Basic Education &	Required Documentation and	
111 meges	Minimal Formal Training	Experience	
To provide emergency services to include stabilization and treatment in setting of acute reaction that may be encountered in Imaging Center. This does not include performance or interpretation of radiological studies.	M.D. or D.O., MBBS AND/OR Currently enrolled in an ACGME or AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency training program. AND Attach copy of current Current ACLS certification	New Applicants: Provide copy of current ACLS certification. Names and addresses of two (2) physician colleagues whom we may contact who can comment on the applicant's current clinical competence to perform the privileges requested. Name:	

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04.2014

TO BE COMPLETED BY APPLICANT:

I agree to supply Regions Hospital Credentialing Office privileges that I have applied for listed above. I also unthat the information is received.		
Signature	Date	<u></u>
TO BE COMPLETED BY REGIONS HOSPITAL DI have reviewed and/or discussed the privileges requeste m to be commensurate with his/her training and experient and recommend that his/her application proceed.	d and find the	OF REVIEW AND APPROVAL:
Signature	 Date	

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