

# Privileges for Radiology and Nuclear Medicine

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**Acronyms:**

<b>ACR</b>	American college of radiology
<b>MOH</b>	Ministry of Health
<b>HP</b>	Healthcare Professional
<b>DGPHE</b>	Directorate General of Private Health Establishments
<b>PET/CT</b>	Positron Emission Tomography /computed tomography

**Definitions:**

- **Clinical Privileging** is the process of giving a MOH licensed Healthcare Professional (HP) permission to carry out specific duties as per health facility scope of practice and licensure. This involves the review of credentials and qualifications, training, competence, practical independence and experience.
- **Monitoring and evaluation** is the process of continuous gathering of information and data to support decision making and appraisal of clinical practice and patient outcomes.
- **Reappointment of Privileges** is the process of reviewing the physician or health professional privilege within two (2) year timeframe.

# Privileges for Radiology and Nuclear Medicine

## Chapter 1

### 1. Introduction

This document outlines the standards and qualifications required for clinical privileges within radiology. It serves as a comprehensive guide for healthcare professionals seeking to understand and meet the criteria necessary for practice in private institutions under the Ministry of Health (MOH).

### 2. Scope

This policy applies to all Healthcare Professionals (HP) licensed to work in the private institutes.

### 3. Purposes

The purpose of this policy are:

- 3.1. To align with MOH's strategic objective to provide a value-based, comprehensive, integrated and high-quality service delivery system.
- 3.2. To enable all health facilities under the MOH jurisdiction to adopt a standardized framework for granting and revalidating the clinical privilege of their HP.
- 3.3. To ensure all HP have an acceptable level of knowledge, skills, training and competence consistent with requirements set out by MOH and international best practice to promote safety and high quality of care.

#### **4. Policy:**

##### **4.1. Qualification of Privileges**

- 4.1.1. Qualifications for Diagnostic Radiology
- 4.1.2. Qualifications for Vascular and NonVascular Interventional Radiology
- 4.1.3. Qualifications for Interventional Neuroradiology
- 4.1.4. Qualifications for General Nuclear Medicine, Radionuclide Therapy & PET/CT
- 4.1.5. Qualifications for Cardiac Computed Tomography (CT)
- 4.1.6. Teleradiology

##### **4.2. Types of Privileges**

- 4.2.1. Diagnostic imaging and interventional Clinical Privileges
- 4.2.2. Initial privileges (initial appointment)
- 4.2.3. Renewal of privileges (reappointment), to be completed every two years
- 4.2.4. Expansion of privileges (modification of privileges)

##### **4.3. Process of Privileges**

###### **4.3.1. Applicant:**

- a. Select the type of service
- b. Evidence of current competence, clinical activity, and qualifications for the requested privileges.

###### **4.3.2. Committee Chair/ MOH authorizing party:**

- a. Recommendation for the privileges.
- b. If recommended with conditions or not recommended, provide conditions or explanation.
- c. Privileges only be exercised at Hospitals and clinics licensed by MOH and should have appropriate equipment, beds, staff, and other support required.

## 5. Procedure

### 5.1. Qualifications for Diagnostic Radiology

#### 5.1.1 Initial Applicant for core privileges criteria:

- a. Successful completion of accredited post-graduate training program in diagnostic radiology.
- b. Valid certification by a Radiology program/ board.
- c. At least 2 years' experience post qualification for an acceptable volume of general radiology examinations in the past 12 months with evidence.
- d. No period of interruption more than 1 year
- e. Pass the interview at MOH,
- f. Complete any other licensing requirement by MOH according to MoH bylaw
- g. Before the interview, the applicant fills the privileges list and is verified by the committee rapporteur and approved by the committee chair.
- h. The approved privileges according to the committee chair, will be shared and adhered to by the employer.
- i. MOH will regularly monitor the adherence to the above

#### 5.1.2. Reappointment (Renewal of Privileges) Requirements criteria:

- a. Current demonstrated competence
- b. Adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Level of privileges	Qualification of privileges	Core privileges
1	Specialist and above	<ul style="list-style-type: none"><li>• Plain radiographs</li><li>• Fluoroscopy: GI contrast studies, intravenous pyelography, cystography (IV and retrograde), HSG, etc...</li><li>• Adult and pediatric Ultrasound including vascular ultrasound, etc. (excluding obstetrics)</li><li>• CT brain (non-contrast)</li><li>• CT KUB</li><li>• The assessment and stabilization of patients</li><li>• Determining the disposition of patients with emergent conditions consistent with medical policy.</li><li>• Consultative call services</li></ul>



Level of privileges	Qualification of privileges	Core privileges
2	Senior specialist and above	<ul style="list-style-type: none"> <li>• Computed tomography (CT) of the head, neck &amp; spine.</li> <li>• Computed tomography (CT) of the body, abdomen, and pelvis, extremities, and their associated vasculatures.</li> <li>• Simple Image guided biopsy, aspiration, and therapeutic procedures (e.g. lumbar puncture, arthrography)</li> <li>• Ultrasound of the head, neck, spine, chest, abdomen and pelvis, extremities and their associated vasculatures.</li> <li>• Bone densitometry</li> </ul>
3	Consultant and above	<ul style="list-style-type: none"> <li>• Level I and Level II</li> <li>• Diagnostic nuclear radiology of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures, including positron emission tomography (PET)</li> <li>• Magnetic resonance imaging (MRI) of the head, neck, spine</li> <li>• Magnetic resonance imaging (MRI) of chest including the heart</li> <li>• Magnetic resonance imaging (MRI) of the abdomen, and pelvis, extremity and their associated vasculatures.</li> <li>• Magnetic resonance imaging (MRI) of the MSK, extremity and their associated vasculatures.</li> <li>• Mammography (in accordance with MOH required qualifications/ AND ANNUAL MINIMUM NUMBER)</li> </ul>

## 5.2. Special Advance Privileges:

### 5.2.1 Qualification for Vascular and non-vascular Interventional Radiology (Consultant and Above)

#### a. Initial Applicant – Eligibility criteria

- Successful completion of accredited residency-training program in diagnostic radiology.
- Completion of a fellowship-training program in vascular and interventional radiology or equivalent experience as determined by the Radiology interview committee Chair.
- Required current experience: Provision of care, reflective of the scope of privileges requested, for an acceptable volume of vascular and interventional radiology cases in the past 12 months, or successful completion of an accredited residency or clinical fellowship within the past 12 months.
- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.
- Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.
- Radiology Clinical Privileges
- Perform history and physical exam
- Angiography / arteriography of vessels of the neck, chest, abdomen, pelvis and extremities
- Angioplasty/ stent placement of vessels of the neck, chest, abdomen, pelvis and extremities
- Arthrography
- Coil occlusions of aneurysms
- Insertion and management of central venous and dialysis access line
- Intracerebral diagnostic studies and interventions
- Lymphography
- Myelography and cisternography
- Pain procedures including epidural steroid injection, nerve blocks and discography
- Non vascular interventional procedures, including soft tissue biopsy, abscess and fluid drainage, gastrostomy tube insertion, nephrostomy tube insertion, biliary procedures, ablation of neoplasms and cysts and ureteral stents.
- Placement of catheter for tumor treatment
- Placement of inferior vena cava filter
- Therapeutic infusion of vasoactive agents
- Therapeutic vascular radiology including balloon angioplasty, stent placement, atherectomy, intra- arterial and intravenous thrombolytic therapy, and embolization/ablation including transarterial chemoembolization (excludes carotid and intracranial intervention)
- Spinal diagnostic studies and interventions including vertebroplasty and kyphoplasty
- Transcervical fallopian tube recanalization
- Transjugular intrahepatic portosystemic shunt (tips)

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- Uterine artery embolization
- Venography and venous sampling

**b. Reappointment (Renewal of Privileges) Requirements criteria:**

- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.
- Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges for over 60 years old.
- Radiology Clinical Privileges
- Perform history and physical exam.
- Angiography / arteriography of vessels of the neck, chest, abdomen, pelvis and extremities
- Angioplasty/ stent placement of vessels of the neck, chest, abdomen, pelvis and extremities
- Arthrography
- Coil occlusions of aneurysms
- Insertion and management of central venous and dialysis access line
- Intracerebral diagnostic studies and interventions
- Lymphography
- Myelography and cisternography
- Pain procedures including epidural steroid injection, nerve blocks and discography
- Nonvascular interventional procedures, including soft tissue biopsy, abscess and fluid drainage, gastrostomy tube insertion, nephrostomy tube insertion, biliary procedures, ablation of neoplasms and cysts and ureteral stents.
- Placement of catheter for tumor treatment
- Placement of inferior vena cava filter
- Therapeutic infusion of vasoactive agents
- Therapeutic vascular radiology including balloon angioplasty, stent placement, atherectomy, intra- arterial and intravenous thrombolytic therapy, and embolization/ablation including transarterial chemoembolization (excludes carotid and intracranial intervention)
- Spinal diagnostic studies and interventions including vertebroplasty and kyphoplasty
- Transcervical fallopian tube recanalization
- Transjugular intrahepatic portosystemic shunt (tips)
- Uterine artery embolization
- Venography and venous sampling

### **5.2.2. Qualifications for Interventional Neuroradiology**

#### **a. Initial Applicant**

To be eligible to apply for privileges in neuroradiology, the initial applicant must meet the following criteria:

- Level 1 and level 2
- Successful completion of accredited postgraduate training program in Neuroradiology or neurointerventional radiology.
- Current certification in neuroradiology or neurointerventional radiology or actively engaged in the certification process through a Board of Radiology and a documented body of subspecialty training and experience that meets the requirements.
- **Required current experience:** Provision of care, reflective of the scope of privileges requested, for an acceptable volume of neuroradiology cases in the past 12 months, or successful completion of an accredited residency or clinical fellowship within the past 12 months.

#### **b. Reappointment (Renewal of Privileges) Requirements**

To be eligible to renew privileges in neuroradiology, the reapplicant must meet the following criteria:

- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.
- Admit, evaluate, diagnose, treat, and/or provide consultation to patients of all ages (except as specifically excluded) with diseases, disorders, injuries of the brain, spine and spinal cord, head, neck, and organs of special sense in adults and children utilizing integration of neuroimaging with laboratory examinations, and physiologic testing.
- These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

### **5.2.3 Interventional Neuroradiology Procedures List**

- a. Angiography
- b. Cerebral and Carotid Angiography and interventions (including stents, angioplasty, and thrombolysis)
- c. Pain management procedure:
  - Successful completion of accredited postgraduate training program in Pain management procedure Completion of a fellowship-training program or equivalent experience as determined by the Radiology interview committee Chair
- d. Image guided spine interventions, including angiography
- e. Kyphoplasty
- f. Vertebroplasty
- g. Other procedure
- h. Any other procedure not listed above, to provide the evidence

### **5.2.4. Qualifications for General Nuclear Medicine, Radionuclide Therapy & PET/CT**

#### **a. Initial Applicant - criteria:**

- Meets requirements for privileges in Nuclear Medicine.
- Successful completion of accredited residency-training program in diagnostic radiology with a minimum of 12 months' fellowship in nuclear medicine and PET/CT.
- Completion of accredited nuclear medicine residency training program, or equivalent experience (as determined by the nuclear medicine committee member)
- Current board certification in Radiology, or eligibility, with a minimum of 12 months' fellowship in nuclear medicine & PET/CT.
- Has authorized user status under the Radioactive Materials License for therapeutic administration of radiopharmaceuticals.
- The credentialed area is the same as the Authorized User status (e.g., I-131 of 15 mCi or more, or any other specifications as designated by the Radioactive Materials License).
- Required current experience: Provision of care, reflective of the scope of privileges requested, for an acceptable volume of nuclear medicine and PET/CT patients in the past 24 months, & successful completion of an accredited nuclear medicine residency program, or Radiology residency program with a minimum of 12 months clinical fellowship in nuclear medicine & PET/CT.

### **5.2.5. Reappointment (Renewal of Privileges) Requirements**

To be eligible to renew privileges in nuclear medicine and therapy, the re-applicant must meet the following criteria:

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- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

#### **5.2.6 PRIVILEGES for General Nuclear Medicine & Radionuclide Therapy ( e.g iodine I-131) (senior specialist and above)**

##### **a. Nuclear Medicine Core Procedures List (level II) (applicant can select)**

- Bone densitometry
- General Nuclear Medicine
- Whole-body Planar, spot views, dynamic & SPECT, SPECT/CT images part of diagnostic nuclear medicine procedures.
- Routine imaging, e.g., interpretation of BMD, whole-body planar images, SPECT, SPECT/CT of dedicated parts of body (chest/abdomen, pelvis/gastrointestinal and genitourinary).
- Diagnostic radioactive injections (sentinel lymph nodes localization).

##### **b. Therapy (e.g. Iodine I-131)**

- Evaluate, diagnose, treat, and/or provide consultation to patients (except as specifically excluded) utilizing both diagnostic and therapeutic radioiodine I-131.
- Post therapeutic (Iodine I-131) image interpretation, and consultations.
- 
- Only therapy procedure (e.g. Iodine I-131 ) can be prescribed (by written directive) by the individual who achieved Authorized User status on the Radioactive Materials License. New radioactive tracers' authorization and licensing can be given upon request and approval the Radiology Clinical Service Chief (Department Chair).
- The core privileges in this specialty include the procedures approved for the individual provider by the Radiology Clinical Service Chief (Department Chair).

### **5.2.7 NON-CORE PRIVILEGES: General Nuclear Medicine, Radionuclide Therapy & PET/CT (consultant above)**

#### **a. *Nuclear Medicine Core Procedures List (applicant can select)***

- Bone densitometry
- General Nuclear Medicine
  - I. Whole-body Planar, spot views, dynamic & SPECT, SPECT/CT images part of diagnostic nuclear medicine procedures.
  - II. Routine imaging, e.g., interpretation of BMD, whole-body planar images, SPECT, SPECT/CT of dedicated parts of body (chest/abdomen, pelvis/gastrointestinal and genitourinary).
  - III. Diagnostic radioactive injections (sentinel lymph nodes localization).

#### **b. PET/MRI**

- Radionuclide Therapy
  - I. Evaluate, diagnose, treat, and/or provide consultation to patients (except as specifically excluded) utilizing both diagnostic and therapeutic radiotracers.
  - II. Pre and post therapeutic (radioiodine I-131, Lu177, MIBG. extra) images interpretation.
  - III. Radionuclide therapy can only be prescribed (by written directive) by the individual who achieved Authorized User status on the Radioactive Materials License. New radioactive tracers' authorization and licensing can be given upon request and approval by the Radiology Clinical Service Chief (Department Chair).
  - IV. The core privileges in this specialty include the procedures approved for the individual provider by the Radiology Clinical Service Chief (Department Chair).
- PET/CT procedures
  - I. PET/CT procedures (Whole-body, brain, cardiac) with 18 FDG, Gallium-68, 18F Choline, ... extra, image interpretation for different clinical indications.

#### **5.2.8. Qualifications for Cardiac Computed Tomography (CT)**

- a.** Training in Cardiac CT and CTA.
  - Cardiac CT angiography training, Or supervised review of an adequate number of Cardiac CT examinations in the last 12 months as determined by the Radiology Clinical Service Chief (committee Chair).
  - Applicants must demonstrate that they have successfully completed a formal course in Cardiac CT and cardiac imaging, which included Cardiac CT and the interpretation.
- b. Required Current Experience:** Demonstrated current competence and evidence of an adequate volume of exams in the past 12 months or completion of training in the past 12 months.

#### **5.3. Teleradiology:**

5.3.1. Teleradiology privilege is exclusively offered to Omani radiologists who are senior specialists, consultants and senior consultants.

5.3.2. The core privileges to include the remote interpretation and consultation with providers of radiographic images

5.3.3. Teleradiology level I and level II and Level III Procedures List as above (section ii and iii)

Chapter 3 :

### **6. Responsibilities**

#### **6.1. MOH (DGPHE) shall:**

5.1.1.Ensure that policy is implemented and that all employees comply with the policy and procedures in private health establishments.

#### **6.2. Radiologists shall:**

5.2.1.Responsible for being knowledgeable about and complying with the contents of the policy

#### **6.3. Referring Clinicians shall :**

6.3.1.Ensure justified request and comply with the policy.



**7. Document history and version control table**

<b>Version</b>	<b>Description</b>	<b>Review date</b>
1	Initial Release	November 2024

**8. References:**

<b>Title of book/ journal/ articles/ Website</b>	<b>Author</b>	<b>Year of publication</b>	<b>Page</b>
www.rcr.ac.uk/clinical-radiology/ service-delivery/quality-standard- imaging-qi	THE ROYAL College of Radiology	2020	
Policy priorities for clinical radiology 2021–2026	The Royal College of Radiologists	2021	
Digest of Council Actions 2021–2022	acr	2020	

## **9. Annexes:**

### **9.1. Appendix 1 : Application form**

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#### *Application form*

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#### **1. Core PRIVILEGES: Specialist and above**

- 1.1. Ultrasound of the head, neck, spine, chest, abdomen and pelvis, extremities and their associated vasculatures
- 1.2. Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, FLUOROSCOPY.
- 1.3. CT KUB and brain

#### **2. Non-core privileges: Senior specialist and above**

- 2.1. Computed tomography (CT) of the head, neck, spine, body, chest, including, abdomen, and pelvis, extremities and their associated vasculatures
- 2.2. Ultrasound of the head, neck, spine, chest, abdomen and pelvis, extremities and their associated vasculatures.
- 2.3. Diagnostic nuclear medicine of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures.
- 2.4. Magnetic resonance imaging (MRI) of the spine.
- 2.5. Mammography (in accordance with MOH required qualifications)
- 2.6. Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures
- 2.7. Image guided biopsy, aspiration, and therapeutic procedures (e.g. lumbar puncture, arthrography)

#### **3. Subspecialty: Consultant and above**

- 3.1. Computed tomography (CT) of the head, neck, spine, body, chest, cardiac, including, abdomen, and pelvis, extremities and their associated vasculatures
- 3.2. Ultrasound of the head, neck, spine, chest, abdomen and pelvis, extremities and their associated vasculatures.
- 3.3. Diagnostic nuclear medicine of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures, including PET/CT and PET/MRI.
- 3.4. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest including the abdomen, and pelvis, extremity and their associated vasculatures.
- 3.5. Mammography (in accordance with MOH required qualifications)

- 3.6. Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures
- 3.7. Image guided biopsy, aspiration, and therapeutic procedures (e.g. lumbar puncture, arthrography)

**4. Evidence of certification on the following:**

- 4.1. Interventional radiology
- 4.2. Neuro- intervention
- 4.3. pediatric radiology
- 4.4. cardio-thoracic
- 4.5. GI radiology
- 4.6. MSK
- 4.7. Neuroradiology
- 4.8. Nuclear medicine

## 9.2. Appendix 2 : Privileges for Radiology and Nuclear Medicine



المديرية العامة للمؤسسات الصحية الخاصة  
Directorate General of Private Health Establishments

### Privileges for Radiology and Nuclear Medicine

Applicant Name	
Post Applied For & Specialty	
Date of Interview	
Name of Establishment	



Name of the study / Modality	Requested Privilege	awarded privileges
Teleradiology (for Omani only)		
General Radiography reporting (plain films)		
General Fluoroscopy GI and studies (Mainly Adult)		
General Fluoroscopy (Pead)		
General Ultrasound (Including Neck, chest, abdomen, and pelvis ultrasound)		
Musculoskeletal ultrasound		
Vascular ultrasound (carotid, visceral and peripheral)		
General CT examination including emergency cases and common elective cases		
Specialized CT Examination such as multiphasic CT examinations, dedicated bowel studies, and all types of CTA.		
Breast Imaging (Including Mammography).		
Image guided breast biopsies and other invasive procedures (e.g. hookwire, seeds localization, ..etc.).		
MRI (common MRI Examination including MRI head, Neck, Spine and MSK MRI)		
Specialized MRI examination: Breast MRI		
Specialized MRI examination: Cardiac MRI		
Specialized MRI examination: MSK MR arthrogram and advanced MSK MRI		

Name of the study / Modality	Requested Privilege	awarded privileges
Specialized MRI examination: advanced pediatrics neuro imaging		
Basic FNA and aspiration		
Basic IR procedure (non-vascular) e.g. image Guided Biopsy / drainage		
Advanced IR procedure		
General Nuclear medicine studies		
PET /CT reporting		
PET/MRI reporting		
Radionuclide therapeutic procedure (specify the type)		
Pain management procedure		
Interventional neuroradiology		

Applicant name / .....

Date / .....

Applicant signature / .....

Committee member name	Signature	Date
Committee member name	Signature	Date
Committee member name	Signature	Date