Privileges in Oncology

Physician name: …………………………………………

Education/Training   Successful completion of an accredited Residency/Fellowship

In **Oncology** or equivalent Training.

AND

Current certification or active participation in the examination

Process leading to certification in **Oncology** from any Equivalent training/board.

Request ☐	**Provide care for patients in specific areas of Al Kindi hospital**	
	Request all privileges listed below. Uncheck any privileges that you do not want to request	**Service Chief Rec** ☐
☑	provide care of patients in the Emergency Department, ASC, Cath Lab , ICU and regular floors	☑

	Core Privileges	
Request ☐	**Request all privileges listed below.** Uncheck any privileges that you do not want to request	**Service Chief Rec** ☐

Privileges included in the Core:

☑	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment or consultative services to patients of all ages presenting with malignant tumors. Additional core privileges include:	☑
☑	Bone marrow aspirations and biopsy	☑
☑	Incisional and excisional skin biopsy	☑
☑	Administration of chemotherapy agents and biological response modifiers through all therapeutic routes	☑
☑	Management and maintenance of indwelling venous access catheters	☑
☑	Paracentesis	☑
☑	Thoracentesis	☑
☑	Lumbar Puncture	☑

	Special Privileges	
Request ☐	**Request all privileges listed below.** Uncheck any privileges that you do not want to request	**Service Chief Rec** ☐
☑	Administration of Sedation	☑
☑	Use of fluoroscopy equipment (or supervision of other staff using the equipment	☑
☑	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	☑
☑	Fine Needle Aspiration of Tumor Mass	☑
☑	Central Venous Catheter Insertion	☑
☑	Diagnostic flexible fiber optic Nasopharyngolaryngoscopy	☑

Additional Privileges:

☐		☐
☐		☐
☐		☐
☐		☐
☐		☐

Physician signature :---   Approved By:- ---------------------------------

Medical director signature: - --------------------------------------   Date:-------------------------------