NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS
Application for Privileges
N.J.A.C. 13:35-4A.12

RADIOLOGICAL PROCEDURES
REQUIRING ANESTHESIA SERVICES

Radiological Procedures Requiring Anesthesia Services

PRIVILEGE CRITERIA

1. Attestation (**Attachment 1 - in attestation format provided**)

I am demonstrating clinical experience by attesting, in Attachment 1, to the number and type of invasive **diagnostic** radiological procedures requiring anesthesia services which I performed in the last two years with acceptable results for patients of all age groups, except age groups specifically excluded from my practice, **plus** through additional material below.

2. Training (Attachments 2A and, depending

(1) Current certification in diagnostic radiology granted by the American Board of Radiology or the American Osteopathic Board of Radiology **OR**

(2) Successful completion of an ACGME/AOA accredited residency training program in diagnostic radiology, **OR**

(3) Supervised training in residency or fellowship or other equivalent experience in _____ **(another field) AND** active participation in examination process leading to certification in diagnostic radiology.

Procedures Requiring Additional Training (Attachment 2C)

I have attached, as Attachment(s) 2C, documentary evidence of the required additional training for the following procedures, if privileges are requested for these procedures:

interventional **diagnostic** radiology and angiography,

additional training: successful completion of one (1) year fellowship in interventional diagnostic radiology, angiography or neuroradiology, with supervised training in the specific procedure **OR**
documentation from the program director of an accredited residency training program attesting to the training during residency in the requested procedure(s).

3. Record Review/Clinical Observation (Attachment 3 - in format provided):

References - Names, addresses and specialty, residency or observation only

I am providing, as Attachment 3, the names, addresses and specialty of three plenary licensed physicians who will directly submit references addressing my current competence based on their personal knowledge obtained either during a residency training completed during the two years preceding the date of this application or through personal observation during the two years preceding the date of this application.

A. Reference for Requested Procedure(s) requiring additional training

I am providing, as Attachment 3A, the name, address and specialty of a privileged physician who has directly observed my successful performance or participation in the **requested** procedure(s) **AND**

whom I have asked to directly submit a reference addressing my current competence based on their personal knowledge obtained through personal observation of my successful performance or participation in the requested procedure.

4. Log of procedures (Attachment 4A, for each privilege requested - in format provided)

I am providing, as Attachment 4A, a **separate log** listing all patients for whom, in an office setting or licensed ambulatory care facility setting during the two years preceding the date of the application, I performed each of the procedures for which I am requesting privileges. The log includes a patient number, the type of anesthesia service provided, the surgery or special procedure performed and the date(s) of service. Patient names and other identifying data are redacted.

I am maintaining **in my office** a list or other means to identify the patient, based on the number included in the log.

Within each log, I have identified any patients contained in the log who have experienced complications relating to my performance of surgery or special procedures in an office setting or licensed ambulatory care facility setting and provided the outcomes resulting from the complication(s).

As part of the application for privileges process, from the logs I am providing, at least 5 cases, **with personal identifiers redacted**, that are representative of the type of procedures for which I requested privileges will be selected and I will be asked to provide patient records (or pertinent portions), along with a completed case summary form for each.

DELINEATION OF PRIVILEGES

I have checked the column on the left of those privileges listed below to indicate those procedures for which I do not hold hospital privileges and for which I am requesting alternative privileges to perform these procedure(s) in the office setting. I have attached additional materials, including documentation of successful completion of additional training, as was noted above as Attachments 2C, and 3A, if I am requesting privileges for the specific procedure which requires additional training.

Requested Privileges

Licensee Name: _____ License Number: _____

INVASIVE AND INTERVENTIONAL DIAGNOSTIC RADIOLOGY - **Requires additional training.**

_____ Cerebral Angiography
_____ Aortic (Thoracic & Abdominal Angiography)
_____ Peripheral Angiography
_____ Pulmonary Angiography
_____ Lymphangiography
_____ Venography
_____ Other - Please specify and provide supporting documentation on a separate page: _____

_____

I certify that my attestation of the number of procedures and any materials provided incident to this form (i.e. "supporting documentation") are true and accurate. I am aware that if any of the foregoing statements made by me or if the materials submitted by me are willfully false, I am subject to punishment.

_____
Signature and printed name of Applicant Date

Below this line for Administration Use Only

Application Tracking Record
Initial Receipt Date of Application _____
Transmittal Date to Outsourcing Entity _____
Supplemental Information Requested
Supplemental Information Received _____
Outsourcing Entity Recommendation _____
Outsourcing Entity Reviewer _____
Board Committee Review Date _____
Board Disposition Date _____