

CHARLESTON AREA MEDICAL CENTER, INC.
CRITERIA FOR USE OF FLUOROSCOPY
For Non – Radiologists

I. **Education Background:** MD / DO Degree

II. **Minimum Formal Training:**

Successful completion of an ACGME or AOA accredited residency and current certification or participation in the examination process (with achievement of certification within five (5) years of completion of residency/fellowship leading to certification.

III. **References:**

- If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program which includes verification of completion of a Radiation Safety Course and competency to perform procedures under fluoroscopy.
- Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most currently practiced.

REQUIREMENTS FOR INITIAL GRANTING OF PRIVILEGES:

- Completion of the Radiation Safety education program designation by the Radiation Safety Committee (EZ Competency) and achieve a minimum passing score of 80%.
- Proof of successful completion of the self-test must be submitted to the Office of Medical Affairs who will confirm completion to submit to the Radiation Safety Committee.

Approved Department of Medical Imaging & Radiation Oncology: Original: March 31, 2003
Approved by Fluoroscopy Subgroup: October 2016
Approved by the Credentials Committee: Original: April 1, 2003
Approved by the Medical Staff Executive Committee: Original: April 10, 2003
Approved by the Board of Trustees: Original: April 23, 2003

Revision Date: December 6, 2016
Revision Date: December 8, 2016
Revision Date: December 21, 2016