

**FITH AVENUE SURGERY CENTER  
NEW YORK, NEW YORK**

**DELINEATION OF PRIVILEGES IN INTERVENTIONAL RADIATION ONCOLGOY**

APPLICANT Name (Printed) \_\_\_\_\_

Date of Requested Privileges \_\_\_\_\_

Requested (check)	Procedures	Approved Y/N	Comments
	PERFORMANCE AND INTERPRETATION OF RADIOLOGIC PROCEDURES		
	TRANS-RECTAL ULTRASOUND PROCEDURE(S), INCLUDING ULTRASONOGRAPHY OF THE PROSTATE GLAND		
	TRANS-PERINEAL PLACEMENT OF RADIOACTIVE PROSTATIC SEED IMPLANTS		

**NAME AND DATE OF SPECIALTY BOARD CERTIFICATION:**

\_\_\_\_\_  
\_\_\_\_\_

**DATE OF RE-CERTIFICATION (IF APPLICABLE):**

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL BY:**

MEDICAL DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_

**GOVERNING BODY/MEDICAL BOARD REPRESENTATIVE:** \_\_\_\_\_

Date \_\_\_\_\_