



**HEMATOLOGY/ONCOLOGY**

**Kettering Medical Center  
Kettering Memorial Hospital/Sycamore Hospital**

**Clinical Privileges Profile**

Successful completion of residency training in Internal Medicine and fellowship training in Hematology and Medical Oncology is required.

Please select the special procedures desired. Approval of privileges is based upon education, clinical training and demonstrated skills.

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	Intrathecal chemotherapy	_____
_____	Cancer chemotherapy	_____
_____	Antimetabolite therapy	_____
_____	Bone marrow aspiration/biopsy, needle	_____
_____	Diagnostic/Therapeutic thoracentesis/ intrapleural chemo Rx/sclerosing agent	_____
_____	Diagnostic/Therapeutic paracentesis including intraperitoneal chemotherapy	_____
_____	Diagnostic lumbar puncture	_____
_____	Intraarterial chemotherapy	_____
_____	Biologic response modifier therapy/ immunotherapy	_____
_____	Other (please specify)	_____

I agree with the delineation of privileges and will, under ordinary circumstances, practice under the conditions outlined. In cases of emergency it may be necessary to render care outside of these parameters. I agree that when new techniques and skills are mastered, I shall request modification of my privileges.

\_\_\_\_\_  
Signature of Practitioner Date

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Signature of Clinical Service Chief Date