# APPLICATION FOR CLINICAL PRIVILEGES

## Clinical Privileges Delineation Form

### **ANESTHESIA DEPARTMENT**

Applicant: Please check the procedures for which you are requesting or not requesting. Do not leave any blanks. Once this is completed please return to the practice manager along with any other information that has been requested from you. The Medical Director/Credentialing Committee will then grant or deny privileges. You will be notified of the results, via a copy this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Procedure |  | | | | Comments |
| Preanesthetic assessment | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Preanesthetic medication | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Perianesthetic invasive  and non invasive monitoring | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Fluid electrolyte, acid-base management | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Peri-anesthesia management of  patient using accessory drugs or fluids | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Sedation Analgesia and  deep sedation techniques | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| General anesthesia and adjuvant drugs | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Mechanical ventilation/oxygen therapy | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Post anesthesia care/discharge | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| CPR management | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Other | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Other | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |
| Other | ❑ requested | ❑not requested | ❑ granted | ❑ denied |  |

I am mentally and physically capable of performing the privileges, which I have requested:

Signature Date

Name, please print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These privileges will be granted by the governing board and the credentialing committee. The privileges are renewed every (2) years. The applicant may request to have privileges changed as required during this period.

Signed

### Medical Director/Members of the Credentialing Committee