

**Loma Linda University Behavioral Medicine Center  
Psychiatry Service/Department  
Anesthesiology Privilege Request Form**

**Membership Category:**  Provisional  Active  Consulting  Courtesy

Physician Name: \_\_\_\_\_

CATEGORY	QUALIFICATIONS
Anesthesia for ECT Procedures	<p>Contractual arrangement with Loma Linda Anesthesiology Medical Group, Inc., who has a contractual agreement to provide anesthesiology services to Loma Linda University Behavioral Medicine Center; <b>and</b></p> <p>Current demonstrated competence and an adequate volume of current experience with acceptable results in the privilege(s) requested, for patients of all age groups, except as specifically excluded from practice; <b>plus one of the following:</b></p> <p>Current certification, or active participation in the examination process leading to certification, in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology to be achieved within five (5) years of completion of residency training.</p> <p>As stated above for Category 1, <b>plus</b></p> <p>A level of formal supervised training or demonstrated competence and experience in an anesthesia subspecialty area appropriate to the privileges being requested; <b>and/or</b></p> <p>Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.</p>

REQUESTED	ANESTHESIA PRIVILEGE	ACTION		
Yes    No		Approved	Conditions	Comment
	Administer Anesthesia for Electroconvulsive Therapy (ECT).	Approved		

**Acknowledgment of Practitioner**

I have requested only those specific privileges which by education, training, current experience and demonstrated performance I am qualified to perform, and for which I wish to exercise at the site noted above. I also understand the following:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

RECOMMENDED:

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Staff Executive Committee

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
Governing Body Officer  
BMC Anesthesiology 6-07 draft new/sm

\_\_\_\_\_  
Date