



Print Name \_\_\_\_\_ Practice Specialty \_\_\_\_\_

| REQUESTED  |    | DISCIPLINE SPECIFIC PRACTICE PRIVILEGES | ACTION   |            |       |
|--|----|---|----------|------------|-------|
| YES  | NO |   | Approved | Conditions | Defer |
| Assist the Supervising Physician with the following: |    |   |          |            |       |
|  |    |   |          |            |       |
|  |    |   |          |            |       |
|  |    |   |          |            |       |
|  |    |   |          |            |       |
|  |    |   |          |            |       |

**Acknowledgment:**

In accordance with the provisions of Section 3055 of the Business and Professions Code, I am licensed as a Physician Assistant in the State of California and subject to the Laws and the rules and regulations of the California licensing agency. I acknowledge that I have received a copy of the Medical Staff Bylaws and Rules and Regulations, and agree to be bound by the terms of the Bylaws of the Medical Staff and of the hospital and all other manuals and policies relevant to practice privileges at Loma Linda University Medical Center under the AHP category.

I have requested only those specific practice privileges for which by education, training, current experience and demonstrated performance for which I am qualified and wish to exercise at Loma Linda University Medical Center, Inc.; **and** I understand that in exercising any clinical practice privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

RECOMMENDED BY:

\_\_\_\_\_  
 Supervising Physician Signature                      Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Service Chief Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

APPROVED BY:

\_\_\_\_\_  
 Governing Board Officer/Designee

\_\_\_\_\_  
 Date