

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**  
**PEDIATRIC PRIVILEGE FORM**

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

<u>REQUEST</u>	<u>CATEGORY</u>	<u>MEMBERSHIP CATEGORY</u>	<u>ACTION</u>		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must <b>MUST</b> meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who <b>CANNOT</b> :			
		1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who <b>MUST</b> :			
		1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, <b>other than the volume of clinical activity.</b>			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested.
Special and/or Advanced Procedures	Require successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program and demonstration of knowledge of the indications for the procedure/test/therapy; <b>and</b>  Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.
Observation Requirements	As specified in the Pediatric Service rules and regulations.
Sedation	<b>Moderate Sedation:</b> Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).  <b>Deep Sedation:</b> Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.  <i>(Physicians with Category 4 hospital or neonatal privileges are exempt from this requirement.)</i>

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
<b>NEONATAL-PERINATAL</b>					
	PD01920	<b>Category 1</b> Care of normal newborn 2,000 grams and greater <ul style="list-style-type: none"> <li>• All core neonatal-perinatal hospital privileges (categories 1-3) require the practitioner to have current certification or active participation in the examination process leading to certification in Pediatrics by the American Board of Pediatrics, the American Osteopathic Board of Pediatrics; <b>or</b></li> <li>• Successful completion of an ACGME/AOA accredited pediatric residency program and acceptable practice in the privileges requested for the last four (4) consecutive years.</li> </ul>			
	PD01940	<b>Category 2</b> Care of pre-term or low birth-weight newborn with non-life-threatening illness <ul style="list-style-type: none"> <li>• Includes procedures such as gastric lavage, lumbar puncture, peripheral IV placement, venous aspiration, urethral catheterization, etc.</li> </ul>			
	PD01910	<b>Category 3</b> Care of newborn with potentially life-threatening illness. <ul style="list-style-type: none"> <li>• Includes newborn resuscitation and procedures such as emergency endotracheal intubation, gastric lavage, incision and drainage of superficial abscess, lumbar puncture, peripheral IV placement, venous aspiration, suture simple lacerations and suture removal, urethral catheterization, arterial puncture for blood sampling, etc.</li> <li>• Excludes ventilator care.</li> </ul>			

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		<b>ACTION</b>			
<b>MARK IF REQUESTED</b>	<b>CODE</b>	<b>PRIVILEGE</b>	Approved	Conditions	Denied
<b>NEONATAL-PERINATAL (Cont.)</b>					
		<p><b>Category 4</b>            Care of the newborn with life threatening illness or problem including respiratory distress probably needing ventilatory support. Overall care of infants in the Neonatal Intensive Care Unit.</p> <ul style="list-style-type: none"> <li>• Practitioners must have current certification or active participation in the examination process leading to certification in neonatal-perinatal medicine by the American Board of Pediatrics; <b>or</b></li> <li>• Successful completion of an ACGME accredited neonatal-perinatal fellowship program and acceptable practice in the privileges requested for the last four (4) consecutive years.</li> <li>• Privileges include ventilator management, management of vasoactive drips, exchange transfusion, placement of umbilical vascular lines, chest tube insertion, pericardiocentesis, and the ordering of diagnostic studies, consultations.</li> </ul>			
		<b>Advanced Neonatal-Perinatal Privileges</b>			
		<ul style="list-style-type: none"> <li>• ECMO (Extracorporeal membrane oxygenation)</li> <li>• Flexible bronchoscopy with bronchoalveolar lavage</li> </ul>			
<b>INFANTS/CHILDREN/ADOLESCENTS/YOUNG ADULTS</b>					
	PD02500	<p><b>Core Pediatric Ambulatory Privileges:</b>            Provides care for pediatric (i.e. birth to young adulthood) patients in the ambulatory setting.</p> <ul style="list-style-type: none"> <li>• Practitioners requesting this privilege must have successfully completed a minimum of two years of an ACGME/AOA approved residency training program in pediatrics</li> <li>• Privileges include work-up, diagnosis and treatment, consultation and ordering of diagnostic tests.</li> <li>• Includes minor procedures such as incision and drainage, LP, laceration repair, removal of foreign body from ear, nose, superficial skin, reduction of dislocation of radial head, management of fracture of clavicle, care of simple fractures or dislocations, etc.</li> </ul>			

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		<b>ACTION</b>			
MARK IF REQUESTED	CODE	PRIVILEGE	Approved	Conditions	Denied
	PD02600	<p><b>Core Pediatric Hospital Privileges – Category 1</b>            Admit and treat illnesses, injuries, or conditions that carry low risk for the patient.</p> <ul style="list-style-type: none"> <li>• All core pediatric hospital privileges (categories 1-3) require the practitioner to have current certification or active participation in the examination process leading to certification in Pediatrics or a recognized subspecialty of Pediatrics by the American Board of Pediatrics, the American Osteopathic Board of Pediatrics; <b>or</b></li> <li>• Successful completion of an ACGME/AOA accredited pediatric residency program and acceptable practice in the privileges requested for the last four (4) consecutive years.</li> </ul>			
	PD00320	<p><b>Core Pediatric Hospital Privileges – Category 2</b>            Admit, treat, and/or consult on condition/problem of moderate severity that is not life-threatening; may be local complications that are not severe or major confined to affected organ or anatomical site.</p> <ul style="list-style-type: none"> <li>• Includes procedures such as emergency endotracheal intubation, gastric lavage, incision and drainage of superficial abscess, lumbar puncture, peripheral IV placement, venous aspiration, suture simple lacerations and suture removal, urethral catheterization, arterial puncture for blood sampling, emergency endotracheal intubation/laryngoscopy, etc.</li> </ul>			
	PD00310	<p><b>Core Pediatric Hospital Privileges – Category 3</b>            Admit, treat, and/or consult on problem/condition of moderate or critical severity with significant complications and posing a threat to life, the possibility of organ/system failure or permanent damage, or threat of loss/permanent impairment of a body part/function</p> <ul style="list-style-type: none"> <li>• Includes core procedure privileges as per category 2 and supervision of total parenteral nutrition</li> </ul>			
<b>SPECIAL PROCEDURES</b>					
<p><i>Note – for all special procedures not inherent in a subspecialist’s core privileges, approval for re-appointment requires demonstrated competence and an adequate volume of current experience. Physicians must present documentation of having successfully performed two (2) of each procedure currently privileged for within the past two years to qualify for renewal at reappointment. If the procedure has not been performed within the past two years, the first procedure will require evaluation by an active member with this privilege.</i></p>					
		Apheresis: (Therapeutic Plasma Exchange (TPE), Leukopheresis (WBCX), Red Blood Cell Exchange (RBCX), Plateletpheresis, and Prosorba Column)			
	PD11900	Suprapubic bladder aspiration			
		Arterial cannulation			

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<b>SPECIAL PROCEDURES – Continued</b>					
MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
		Bone marrow aspiration			
		Cardioversion (synchronized counter shock)			
		Central venous catheterization			
		Circumcision			
		Direct laryngoscopy			
		Endotracheal intubation, elective			
		Diagnostic joint aspiration			
		Myringotomy			
	PD08180	Muscle biopsy			
		Paracentesis			
		Placement of chest tube			
	PD13060	Umbilical vein catheterization			
	PD13040	Umbilical artery catheterization			
	PD08420	Newborn resuscitation			
	PD08000	Extracorporeal Membrane Oxygenation			
		Interpretation of polysomnogram			
		Thoracentesis			
	PD04410	External jugular vein punctures			

**PEDIATRIC SUBSPECIALTY**

*Practitioners requesting pediatric subspecialty privileges must be board certified in their respective subspecialty or have successfully completed an accredited residency training program in pediatrics AND provide documentation of verifiable training and experience demonstrating current competence in their subspecialty. A practitioner with pediatric subspecialty privileges in any particular field may consult on the care of and treat a patient in the NICU/PICU in his/her subspecialty area but the overall care of the NICU/PICU patient should be the responsibility of a practitioner with Neonatal-Perinatal/Pediatric Critical Care privileges.*

**PEDIATRIC ALLERGY AND IMMUNOLOGY HOSPITAL PRIVILEGES**

	PD00570	<b>Core Peds Allergy/Immunology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with allergic, asthmatic and immunologic diseases. <ul style="list-style-type: none"> <li>• Includes core procedures such as the performance and evaluation of epicutaneous, intracutaneous and patch skin testing, performance and interpretation of pulmonary function tests, drug desensitization, etc.</li> </ul>			
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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
		<b>Advanced Pediatric Allergy/Immunology Privileges</b>			
		<ul style="list-style-type: none"> <li>• Bronchoscopy/laryngoscopy</li> </ul>			
	PD09742	<ul style="list-style-type: none"> <li>• Performance and interpretation of oral, nasal, and bronchial provocation tests</li> </ul>			
		<ul style="list-style-type: none"> <li>• Supervision of BiPAP/CPAP</li> </ul>			
	PD09743	<ul style="list-style-type: none"> <li>• Performance and interpretation of in vitro methods</li> </ul>			
<b><u>PEDIATRIC CARDIOLOGY HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Cardiology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with cardiac diseases. <ul style="list-style-type: none"> <li>• Includes core procedures such as echocardiography interpretation, EKG interpretation, pericardiocentesis, holter monitor interpretation, cardioversion (synchronized counter shock), non-invasive vascular testing, stress test monitoring and interpretation, transesophageal echocardiography, etc.</li> </ul>			
		<b>Advanced Pediatric Cardiology Privileges</b>			
	PD00830	<ul style="list-style-type: none"> <li>• Aortic root injection</li> </ul>			
	PD01820	<ul style="list-style-type: none"> <li>• Cardiac catheterization performance and interpretation</li> </ul>			
	PD02660	<ul style="list-style-type: none"> <li>• Coronary artery angiogram</li> </ul>			
	PD03580	<ul style="list-style-type: none"> <li>• Catheter ablation for arrhythmias</li> </ul>			
	PD03750	<ul style="list-style-type: none"> <li>• Electrophysiologic testing, diagnostic</li> </ul>			
	PD06230	<ul style="list-style-type: none"> <li>• Intraoperative electrical mapping study</li> </ul>			
	PD05851	<ul style="list-style-type: none"> <li>• Pacemaker insertion</li> </ul>			
	PD9100	<ul style="list-style-type: none"> <li>• Pacemaker monitoring and rate adjustment</li> </ul>			
		<ul style="list-style-type: none"> <li>• Placement of mechanical ASD/VSD devices</li> </ul>			
		<ul style="list-style-type: none"> <li>• Coil vascular embolization</li> </ul>			
	PD10640	<ul style="list-style-type: none"> <li>• Pulmonary artery catheterization and angiography</li> </ul>			
	PD11616	<ul style="list-style-type: none"> <li>• Signal averaged electrocardiography</li> </ul>			

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<b><u>PEDIATRIC CRITICAL CARE</u></b>					
		<b>Core Pediatric Critical Care Privileges – Category 4</b> Admission, treatment and consultation of the pediatric patient with unusually complex or critical illnesses, injuries or conditions or the provision of procedures for those that carry a serious threat to life. <ul style="list-style-type: none"> <li>• Practitioners must have current certification or active participation in the examination process leading to certification in pediatric critical care medicine by the American Board of Pediatrics; <b>or</b></li> <li>• Successful completion of an ACGME accredited pediatric critical care fellowship program and acceptable practice in the privileges requested for the last four (4) consecutive years.</li> <li>• Includes core procedures such as GI decontamination, Intraosseous cannulation, elective airway intubation, arterial cannulation and puncture, central venous catheter insertion (all routes), pulmonary artery catheterization, Cardioversion &amp; defibrillation, pericardiocentesis, thoracentesis, tube thoracostomy, percutaneous venous dialysis catheter insertion, percutaneous pericardial and peritoneal drain placement, ventilator management, vasoactive drip management, temporary transcutaneous pacemaker placement, etc.</li> </ul>			
		<b>Advanced Pediatric Critical Care Privileges</b> <ul style="list-style-type: none"> <li>• Extracorporeal membrane oxygenation</li> <li>• Percutaneous tracheostomy/cricothyrotomy tube placement (Seldinger technique)</li> <li>• Percutaneous peritoneal dialysis catheter insertion</li> <li>• Flexible fiberoptic bronchoscopy with bronchial alveolar lavage</li> </ul>			
<b><u>PEDIATRIC ENDOCRINOLOGY HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Endocrinology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with endocrine diseases. <ul style="list-style-type: none"> <li>• Includes core pediatric endocrinology procedures such as insulin challenge testing, provocative hormonal axis testing, etc.</li> </ul>			
		<b>Advanced Pediatric Endocrinology Privileges</b> <ul style="list-style-type: none"> <li>• Thyroid biopsy, closed percutaneous</li> <li>• Dispensing of radioactive isotopes for diagnosis and/or treatment of thyroid disease (requires NRC (Nuclear Regulatory Commission) license)</li> </ul>			
	PD12570				
	PD10752				

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			Approved	Condition	Denied
<b><u>PEDIATRIC GASTROENTEROLOGY HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Gastroenterology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with gastroenterologic diseases. <ul style="list-style-type: none"> <li>Includes core pediatric gastroenterology procedures such as breath testing, upper and lower endoscopy with polypectomy/biopsy, endoscopic foreign body removal, endoscopic control of GI bleeding, endoscopic and non-endoscopic dilation of enteral strictures, esophageal pH studies and Bernstein test, sclerotherapy of varices, closed percutaneous liver biopsy, upper and lower GI manometry, supervision of TPN, etc.</li> </ul>			
		<b>Advanced Pediatric Gastroenterology Privileges</b>			
	PD03870	<ul style="list-style-type: none"> <li>Endoscopic retrograde cholangiopancreatography (ERCP), with biliary manometry</li> </ul>			
	PD03900	<ul style="list-style-type: none"> <li>ERCP, with sphincterotomy and stone extraction</li> </ul>			
	PD03890	<ul style="list-style-type: none"> <li>ERCP, with placement of biliary and/or pancreatic stent</li> </ul>			
	PD03880	<ul style="list-style-type: none"> <li>ERCP, with placement of nasobiliary drainage</li> </ul>			
	PD03861	<ul style="list-style-type: none"> <li>Endoscopic ultrasound</li> </ul>			
<b><u>MEDICAL GENETICS HOSPITAL PRIVILEGES</u></b>					
		<b>Core Clinical Genetics Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient at risk for chromosomal or genetic diseases including dysmorphic features, congenital anomalies, mental retardation or teratogenic exposures. This includes consultations related to fetal anomalies and counseling of adults with genetic disorders either in themselves or in their offspring.			
		<b>Core Metabolic Genetics Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with in-born errors of metabolism.			
		<b>Advanced Genetics Privileges</b>			
<b><u>PEDIATRIC INFECTIOUS DISEASE HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Infectious Disease Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with infectious diseases.			
		<b>Advanced Pediatric Infectious Disease Privileges</b>			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
<b><u>PEDIATRIC HEMATOLOGY/ONCOLOGY HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Hematology/Oncology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with Hematology/Oncology diseases. <ul style="list-style-type: none"> <li>Includes core pediatric Hem/Onc procedures such as chemotherapy – local, intra-arterial, intraperitoneal, intrapleural, systemic, intrathecal; preparation and interpretation of films of blood and bone marrow, bone marrow aspiration/biopsy, Apheresis, Leukopheresis, etc.</li> </ul>			
		<b>Advanced Pediatric Hematology/Oncology Privileges</b> <ul style="list-style-type: none"> <li>Bone Marrow/Stem Cell transplantation</li> <li>Donor marrow harvesting for transplantation</li> <li>Post-operative care of the pediatric patient after bone marrow/stem cell transplantation</li> </ul>			
<b><u>PEDIATRIC NEPHROLOGY HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Nephrology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with renal diseases. <ul style="list-style-type: none"> <li>Includes core pediatric nephrology procedures such as peritoneal dialysis, etc.</li> </ul>			
		<b>Advanced Pediatric Nephrology Privileges</b> <ul style="list-style-type: none"> <li>Apheresis</li> </ul>			
	PD02620	<ul style="list-style-type: none"> <li>Continuous arteriovenous hemofiltration</li> </ul>			
	PD04990	<ul style="list-style-type: none"> <li>Hemodialysis</li> </ul>			
	PD05020	<ul style="list-style-type: none"> <li>Percutaneous venous dialysis catheter insertion</li> </ul>			
	PD11040	<ul style="list-style-type: none"> <li>Renal biopsy, percutaneous</li> </ul>			
<b><u>CHILD NEUROLOGY HOSPITAL PRIVILEGES</u></b>					
		<b>Core Child Neurology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with neurologic diseases. <ul style="list-style-type: none"> <li>Includes core child neurology procedures such as lumbar puncture, interpretation of electroencephalography, etc.</li> </ul>			
		<b>Advanced Child Neurology Privileges</b> <ul style="list-style-type: none"> <li>Rehabilitation for stroke and other brain damage</li> <li>Electromyography, performance and interpretation</li> <li>Nerve conduction velocity testing, performance and interpretation</li> <li>Botox injection for patients with dystonia due to cerebral palsy</li> </ul>			
	PD10918	<ul style="list-style-type: none"> <li>Rehabilitation for stroke and other brain damage</li> </ul>			
	PD03710	<ul style="list-style-type: none"> <li>Electromyography, performance and interpretation</li> </ul>			
	PD08300	<ul style="list-style-type: none"> <li>Nerve conduction velocity testing, performance and interpretation</li> </ul>			
	PD01530	<ul style="list-style-type: none"> <li>Botox injection for patients with dystonia due to cerebral palsy</li> </ul>			

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<b><u>PEDIATRIC PULMONARY MEDICINE HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Pulmonary Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with pulmonary diseases. <ul style="list-style-type: none"> <li>Includes core pediatric pulmonary procedures such as flexible fiberoptic bronchoscopy with bronchial brushing, bronchial biopsy, bronchial alveolar lavage, transbronchial lung biopsy, thoracentesis, pulmonary rehabilitation, pulmonary function testing, bronchoprovocation testing, supervision of BiPAP/CPAP, etc.</li> </ul>			
		<b>Advanced Pediatric Pulmonary Privileges</b> <ul style="list-style-type: none"> <li>Performance and evaluation of epicutaneous, intracutaneous and patch skin testing</li> <li>Drug desensitization</li> </ul>			
	PD05846	<ul style="list-style-type: none"> <li>Chest tube insertion with or without incision</li> </ul>			
	PD10015	<ul style="list-style-type: none"> <li>Transtracheal catheter placement</li> </ul>			
	PD01753	<ul style="list-style-type: none"> <li>Flexible fiberoptic bronchoscopy with transbronchial needle aspiration, foreign body removal</li> </ul>			
	PD06790	<ul style="list-style-type: none"> <li>Lung biopsy, pleural biopsy, closed, percutaneous</li> <li>Interpretation of pediatric polysomnograms (PSG)</li> </ul>			
	PD01750	<ul style="list-style-type: none"> <li>Rigid bronchoscopy</li> </ul>			
	PD03805	<ul style="list-style-type: none"> <li>Endobronchial electrocauterization using fiberoptic bronchoscopy</li> </ul>			
	PD12525	<ul style="list-style-type: none"> <li>Thoracoscopy</li> </ul>			
<b><u>PEDIATRIC RHEUMATOLOGY HOSPITAL PRIVILEGES</u></b>					
		<b>Core Pediatric Rheumatology Privileges</b> Admission, treatment, consultation, and ordering of diagnostic studies and procedures of the pediatric patient with rheumatologic diseases. <ul style="list-style-type: none"> <li>Includes core pediatric rheumatology procedures such as arthrocentesis and/or injection major joint, intermediate joint or bursa, small joint or bursa, corticosteroid injection tendon sheaths, tendon aspiration and injection etc.</li> </ul>			
		<b>Advanced Pediatric Rheumatology Privileges</b>			
<b>SEDATION</b>					
<b>A new Moderate or Deep Sedation Certificate must be submitted with this form.</b> (Physicians with Category 4 hospital or neonatal privileges are exempt from this requirement.)					
	PD99998	Moderate Sedation (Attach New Certificate)			
	PD99999	Deep Sedation (Attach New Certificate)			

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**Acknowledgement of Practitioner**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (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 \_\_\_\_\_

\*\*\*\* *For Hospital and/or Clinic Use Only* \*\*\*\*

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification

  

Code	Explanation:

\_\_\_\_\_  
 Chief of Section (if applicable)

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Governing Body Officer

\_\_\_\_\_  
 Date