

Name: _____

Date: _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
E. Pediatric Transplant (heart, lung, liver)		
F. Neonatal Anesthesia (0-1 month)		
G. Pain Procedures requiring radiologic guidance and/or OR resources		
H. Epiduroscopy		
Category IV: Special/Cross Disciplinary Procedures:		

Applicant's Signature

Date

Richard Dutton, MD, Division Chief STC, Anesthesiology
(required for STC faculty only)

Date

Peter Rock, MD, Chairman of Anesthesiology

Date

(Required if any privilege requested is not approved)

Applicant's Confirming Signature

Date