

Name: _____

Date: _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category III: to be eligible for Category III privileges, applicants must have completed an ACGME approved <u>Hematology/Oncology</u> fellowship program, be Board Certified or Equivalent, and have completed fellowship and provide documentation as to course work and recent experience. Category III privileges are as follows:		
Bone Marrow Harvest		
Category IV: Special/Cross Disciplinary Procedures:		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		

Applicant's Signature

Date

Kevin Cullen, MD, Division Chief
Hematology & Oncology

Date

Frank M. Calia, MD, M.A.C.P., Department Chairman

Date

Applicant's Confirming Signature
(required if any requested privilege is not approved)

Date