

NAME: _____

DATE: _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
5. Endocrinology		
6. Gastroenterology		
6a. Endoscopic Privileges (Separate Endoscopic Privilege Form Required) *		
6b. Per-oral Biopsy *		
6c. Hepatic Biopsy *		
7. Genetics		
7a. Skin Biopsy		
8. Hematology/Oncology		
8a. Bone Marrow Aspiration *		
9. Infectious Disease		
10. Nephrology		
10a. Hemodialysis (excludes insertion of shunt)		
10b. Peritoneal Dialysis		
10c. Renal Biopsy *		
11. Neurology		
11a. Myelography		
11b. Pneumoencephalography and ventriculography *		
11c. Cerebral angiography *		
11d. Cisternal Puncture *		
11e. Subdural puncture *		
12. Pulmonary Medicine		
12a. Bronchography *		
12b. Bronchoscopy *		
12c. Lung Biopsy *		
13. Other: _____		
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>		
Other: (please list)		

Applicant's Signature

Date

Division Chief's Signature

Date

Steven J. Czinn, MD Chairman, Department of Pediatrics

Date

Required if any requested privilege is not approved

Applicant's Confirming Signature

Date