

Name: _____ Date: _____

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
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)</i>		
Laser Privileges (separate application required)		
Carbon Dioxide		
Argon		
Nd-Yag		
Other: _____		
Ultrasound Procedures (please list)		

Applicant's Signature

Date

Thomas Hornyak, MD
Chairman, Department of Dermatology

Date

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

Date