UNIVERSITY OF MARYLAND MEDICAL SYSTEM APPLICATION FOR PRIVILEGES FOR CLINICAL USE OF LASERS

NAME:	
DEPT/DIVISION:	
ADDRESS:	
PHONE NUMBER:	DATE:
For which type of laser are you applying for privileges?	?
Carbon Dioxide Argon Nd-YAG	_ Other
Approximately how many cases have you done with the	e laser?
Carbon Dioxide Argon Nd-YAG	_ Other
For what types of surgery do you use the laser?	
Formal courses taken in laser surgery: Specify title of you took the course, date taken, number of hours of han Enclose copy of CME certificate for the course.	course, which types of lasers were used, institution where ads-on supervised use of the laser, CME credits earned.
Training with lasers during residency and/or during pacases done with supervision, dates.	practice: Where it occurred, who supervised you, number of
After completing this form, please return it to Medical S MD 21201, or fax it to 410-328-6433.	Staff Services, 110 South Paca Street, 8 th Floor, Baltimore,
Applicant's Signature	Date
Signature of Department/Division Chief	Date
Approved by Credentials Committee Member	 Date