

Clinical Privilege	Requested	Granted (Dept. chair initials)	Granted with Conditions	Number performe d last 24 months	TYPE OF TRAINING		ESTIMATED % PAST COMPLICATIONS	
					Residency Fellow	Self Taught	Morbidity	Mortality
MEDICINE - CLASS 2								
Cardiogenic Shock								
Severe Cardiac disturbances, including infarct with arrhythmia								
Severe infections Including septic shock or coma								
Hypovolemic shock								
Diabetic ketoacidosis and coma from hyperosmolarity								
Coma from exogenous toxins								
Complicated endocrine disorder								
Acute or accelerating CNS disturbances								
Acute or accelerating hepatic failure including hepatic coma								
Acute or accelerating GI system disorder								
Acute or accelerating pulmonary failure infarction								
Associated coma								
Acute or accelerating renal failure or infarct								
Severe hematologic disorders, including dyscrasia, coagulopathy, acute leukemia								

TYPE OF APPOINTMENT REQUESTED (Please Check One):

- ACTIVE**
 AFFILIATE
 TEMPORARY
 LOCUM TENENS

I understand that in making this request, I am bound by the applicable Medical Staff Bylaws and policies of the hospital, and hereby stipulate that I meet the threshold criteria for each request.

Physician Signature: _____ Date: _____