

Applicant Name: _____
LOUISIANA HEART HOSPITAL

CRNA

Qualifications:

1. Licensed by the Louisiana State Medical Board as a Registered Nurse and certified as a Registered Nurse Anesthetist.
2. Must be directed by a physician order for anesthesia or anesthesia related services.

Specific Privileges Requested:

- Preanesthetic assessment
- Requesting laboratory/diagnostic studies
- Preanesthetic medication
- General anesthesia and adjuvant drugs
- Region anesthesia techniques
 - subarachnoid
 - epidural
 - caudal
 - upper extremity
 - lower extremity
 - diagnostic an therapeutic nerve blocks
 - local infiltration
 - topical
 - periocular block
 - transtracheal
 - intracapsular
 - intercostal
 - other _____
- Sedation techniques
- Cardiopulmonary resuscitation management
- Invasive and noninvasive monitoring
- Airway management techniques
- Mechanical ventilation/oxygen therapy
- Fluid, electrolyte, acid-base management
- Blood, blood products, plasma expanders
- Peripheral intravenous/arterial catheter placement
- Central venous catheter placement
- Pulmonary artery catheter placement
- Acute and chronic pain therapy
- Post-anesthesia care/discharge
- Other: _____

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In making application for appointment of privileges as an Allied Health Professional, I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested. I hereby agree to uphold the standards of practice at the Louisiana Heart Hospital and to adhere to those privileges granted to me and to abstain from those activities not granted. I certify that I have read the Policy for Credentialing Allied Health Professionals.

Applicant Signature

Date

I certify that the above applicant has had appropriate instruction and experience as an Allied Health Professional and can perform the above scope of services, and that I am aware of the policy governing Allied Health Professionals. I hereby agree to assume responsibility for his/her performance as an Allied Health Professional.





Supervising/Sponsoring Physician (Print)

Date

Signature of Supervising/Sponsoring Physician

Dear Physician:

Every physician seeking appointment/reappointment/advancement to Louisiana Heart Hospital & Medical Center is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement.

-  Initially licensed less than 1 year on the basis of examination;
-  Engaged in military service longer than one year's duration outside of Louisiana;
-  Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
-  Currently in a residency training or fellowship.

Please submit copies of your CMEs that you have completed for the past two years.

Thank you,

Medical Staff Coordinator,
Louisiana Medical Center and Heart Hospital