

## **Anesthesiology**

<b>Basic Education:</b>	MD, DO, DDS, DMD, or CRNA
<b>Minimal formal training Category I:</b>	Successful completion of any ACGME or AOA-approved residency training program of at least three years duration or completion of an approved training program qualifying the individual as a CRNA. Must be Board Eligible or Board Certified in Anesthesiology.
<b>Required previous Experience:</b>	The successful applicant must have handled 500 hospital cases in the past 18 months. References must come from both an anesthesiologist and a general surgeon.
<b>Core Privileges:</b>	Administration of specific types of anesthesia for assigned cases under supervision
<b>Minimal formal training Category II:</b>	Criteria for requesting Category Two privileges include: <u>Basic Education:</u> MD, DO, DDS, DMD, or CRNA Completion of an approved three-year residency in anesthesiology or completion of an approved training program qualifying the individual as a CRNA. Must be Board Certified or Board Eligible.
<b>Required Previous Experience:</b>	The handling of 500 hospital cases in the past 18 months. References must come from the anesthesiology residency director and a general surgeon.
<b>Core Privileges</b>	Ability to provide medical management of patients who are rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical, and certain other medical or dental procedures.

Other privileges requested for which you have current clinical competency may be listed below. Documentation of training and/or experience must be provided for any special privileges requested. I understand that by making this request, I am bound by the applicable laws and policies of the Medical Center and hereby stipulate that I meet the minimum threshold criteria for this request.

_____	_____
_____	_____
_____	_____

I understand that it is my obligation to notify the President of the Medical Staff of any procedure or mode of medical care in which I might engage that is not listed. I certify to the best of my knowledge, I am qualified and have professional liability insurance coverage for practice within the scope of privileges requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ANESTHESIOLOGY PROCEDURES  
CHECK THE PROCEDURES REQUESTED  
FOR REAPPOINTMENT**

<b>Privileges requested</b>	<b>Minimum formal training</b>	<b>Reappointment criteria</b>
Pain Management  <input type="checkbox"/>	Successful completion of an accredited residency in anesthesiology. <i>Note: If the applicant's residency did not include at least 12 months devoted to pain management, the applicant should be required to have completed an accredited pain management fellowship, or have spent at least two years practicing pain management.</i>	Demonstrates clinical competency through Performance Improvement/Clinical Outcome activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date