Christus Cabrini Surgery Center

REQUEST AND APPROVAL OF PRIVILEGES – Additional Privilege Request					
Applicants Name:			**Date:**		
R=Requested NR=Not Requested TA = Temporary Privileges A=Approved D=Denied					
Procedure	**R**	**NR**	**TA**	**A**	**D**
Applicant's Signature					
_____ Date: _____					
Medical Director Approval of Temporary Privileges					
_____ ☐ Yes ☐ No Date:_____					
Administrator's Approval of Temporary Privileges					
_____ ☐ Yes ☐ No Date:_____					
Credentialing Committee Approval of Privileges					
_____ ☐ Yes ☐ No Date:_____					
Governing Board Approval of Privileges					
_____ ☐ Yes ☐ No Date:_____					

Category of Staff

☐ Temporary	☐ Provisional	☐ Courtesy	☐ Active	☐ Emergent
Date:_____	Date: _____	Date: _____	Date: _____	Date: _____