

Christus Cabrini Surgery Center

REQUEST AND APPROVAL OF PRIVILEGES - CRNA

Applicants Name:	Date:				
R=Requested	NR=Not Requested	TA = Temporary Privileges	A=Approved	D=Denied	
Procedure	R	NR	TA	A	D
Pre-op and Post-op Evaluation of Patient					
Administer Anesthesia					
Epidural					
Inhalation					
Intravenous					
IV Regional					
IV Sedation					
Spinal					
Administer local IV Analgesia					
Emergency Therapeutic Laryngoscopy					
Resuscitation					
Other:					

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 Date: _____
 Provisional Date: _____
 Courtesy Date: _____
 Active Date: _____
 Emergent Date: _____