

Delineation of Privileges - CARDIOLOGY

Please indicate by a check in the requested column those privileges, which are commensurate with your clinical ability, training, and experience for which you are applying.

CORE PRIVILEGES:	Requested	Not Requested	Approved	Denied
Examination, diagnosis and treatment of cardiac disease including interpretation EKG and echo				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of Cardiology as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Physician

Date

APPROVAL:	
Comments: _____ _____	
_____ Medical Director	_____ Date
_____ Governing Body	_____ Date