

Heart Hospital of New Mexico  
Surgery Department  
**Certified Registered Nurse Anesthetist**

Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

*Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.*

Privilege	Procedures	Requested	Not Requested
<b>CORE I PRIVILEGES</b>			
	<ul style="list-style-type: none"> <li>- Administration of all types of anesthesia.</li> <li>-Pre-anesthesia evaluation and preparation.</li> <li>-Administration of general anesthesia including adjunct drugs and regional anesthesia/analgesia techniques.</li> <li>-Administration of emergency ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the perianesthesia period.</li> <li>-Airway management techniques.</li> <li>-Perianesthetic invasive and non-invasive monitoring.</li> <li>-Tracheal intubation/extubation.</li> <li>-Mechanical ventilation/oxygen therapy</li> <li>-Postanesthesia care/discharge</li> </ul>		

**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.**

\_\_\_\_\_ Date

Applicant Signature

\_\_\_\_\_

Print Name

**The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.**

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Date

Department Chair Signature