

**WEST JEFFERSON MEDICAL CENTER**  
**Marrero, Louisiana**  
**PRIVILEGE REQUEST FORM FOR ANESTHESIOLOGY**

*To be eligible to request clinical privileges for anesthesiology, the following minimum threshold criteria must be met.*

**Category One**

Criteria for requesting Category One privileges include:

1. *Basic Education:* M.D., D.O., D.M.D.
2. *Minimum formal training:* The applicant must demonstrate successful completion of a post-graduate residency training program of at least three years = duration or completion of an approved training program qualifying the individuals as a CRNA.
3. *Experience:* The applicant must be able to demonstrate that he or she has handled 500 hospital cases in the past 18 months.
4. *References:* References must come from both an anesthesiologist and a general surgeon.

**If you meet the above criteria, you may request privileges as specified below.**

*I hereby request core privileges as follows: Privileges include the administration of specific types of anesthesia under supervision for assigned cases.*

**Category Two**

Criteria for requesting Category Two privileges include:

1. *Education:* M.D., D.O., D.M.D.
2. *Minimal formal training:* The applicant must demonstrate completion of an approved three-year residency in anesthesiology or completion of an approved training program qualifying the individual as a CRNA.
3. *Experience:* The applicant must be able to demonstrate that he or she has handled 500 hospital cases in the past 18 months.
4. *References:* References must come from the anesthesiology residency director and a general surgeon.

**If you meet the above criteria, you may request privileges as specified below.**

*I hereby request core privileges as follows: Privileges include the 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.*

*I understand that in making this request I am bound by the applicable bylaws or policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.*

Physician's signature

Typed or printed name

Date

Approved: 1/97

Revised: 6/99

**"In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."**