

Suffolk Surgery Center

1500 William Floyd Parkway, Shirley, NY 11967
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Delineation of Privileges Anesthesia

I would like to be granted privileges to perform the following procedures as indicated by a checkmark:

Requested Privileges	FOR OFFICE USE ONLY	
	Approved	Denied
<input type="checkbox"/> Class I Anesthesia Includes local infiltration anesthetic, topical application, minor nerve block, administration of sedative or analgesic drugs that do not render the patient unconscious or unable to maintain airway.		
<input type="checkbox"/> Class II Anesthesia Includes specific anesthetic procedures like Bier block, axillary block, pcribulbar, retrobulbar, in addition to procedures under Class I.		
<input type="checkbox"/> Regional Anesthesia		
<input type="checkbox"/> General Anesthesia As defined by the AHA/Osteopathic Anesthesia		
<input type="checkbox"/> OTHER		

I, _____
hereby request privileges in the specialty of Anesthesia as indicated. I understand that I must provide documentation for any privileges upon request by the credentialing committee. I certify that I am fully trained to perform the procedures requested.

Applicant Signature

Date

APPROVAL

FOR OFFICE USE ONLY

My recommendation in regard to clinical privileges and membership is based on review and evaluation of relevant verified education, training or experience, current licensure, current competence and the applicant's ability to exercise clinical privileges requested.

- Qualified to receive Medical Staff membership and clinical privileges as requested.
- Qualified to receive Medical Staff membership and clinical privileges with changes noted:
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- Not qualified to receive Medical Staff membership and clinical privileges as requested:
.....

Medical Director

Date