

# Regions Hospital Delineation of Privileges Nurse Practitioner

Applicant's Name: \_\_\_\_\_  
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
  - Review *education and basic formal training* requirements to make sure you meet them.
  - Review *documentation and experience* requirements and be prepared to prove them.
    - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested.
    - ✓ When documentation of cases or procedures is required, attach said case/procedure logs
  - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

## Summary

- Core I — General privileges
- Core II — Adult/Gerontology
- Core III — Family
- Core IV — Neonatal
- Core V — Pediatric
- Core VI — Women's Health Care
- Core VII — Psychiatric
- Core VIII — Special privileges
  - ✓ PICC
  - ✓ Colposcopies
  - ✓ Endometrial biopsies
  - ✓ Umbilical artery / venous catheterization
  - ✓ Radial artery catheterization
  - ✓ Intubation
  - ✓ Chest tube placement
  - ✓ Lumbar puncture

Moderate sedation

**CORE I — General privileges (check box if requesting)****Privileges**

Privileges for Nurse Practitioners are identified below.

1. obtain relevant health, medical and psychiatric history
2. perform a physical examination based on age and history
3. conduct preventative screening procedures based on age and history
4. identify medical and health risks and needs
5. update and record changes in health status
6. formulate appropriate differential diagnosis based on history, physical examination, and clinical findings
7. identify needs of individual, family or community as a result of the evaluation of the collected data
8. order appropriate diagnostic tests
9. identify non-pharmacologic interventions
10. develop a client education plan
11. conduct and interpret diagnostic tests
12. prescribe pharmacologic agents; prescribe non-pharmacologic therapies
13. provide relevant patient education
14. consult with physicians and other healthcare providers; make appropriate referrals to other health professionals and community agencies
15. determine effectiveness of the plan of care through documentation of client care outcomes; reassess and modify the plan as necessary to achieve medical, psychiatric and health goals
16. participate in quality assurance review on a periodic basis, including systematic review of records and treatment plans

**Basic education and minimal formal training**

1. Current RN and AP licensure from the MN Board of Nursing.
2. Completion of a nurse practitioner program.
3. Current national certification from one of the following:
  - American Academy of Nurse Practitioners
  - American Nurses Credentialing Center
  - Pediatric Nursing Certification Board
  - National Certification Corporation for the Obstetric, Gynecological, and Neonatal Nursing Specialties.
4. If applicant is a new graduate of a nurse practitioner program, he/she must supply evidence of eligibility and intent of taking the national exams within a specified time period not to exceed 6 months.
5. DEA registration

**Required documentation and experience****NEW APPLICANTS**

1. Provide contact information for a physician **and** a Nurse Practitioner from the same specialty whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS**

1. Documentation of hospital activity;

**Or**

Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CORE II — Adult / Gerontology (check box if requesting)****Privileges**

Core II privileges for adult/gerontology nurse practitioners include that which are outlined in Core I privileges with the exception that this practitioner is only privileged to see adult/gerontology patients

**Basic education and minimal formal training**

1. Current RN and AP licensure from the MN Board of Nursing.
2. Completion of a nurse practitioner program.
3. Current national certification in one of the following areas:
  - Adult nurse practitioner
  - Gerontology nurse practitioner
4. If applicant is a new graduate of a nurse practitioner program, he/she must supply evidence of eligibility and intent of taking the national exams within a specified time period not to exceed 6 months.
5. DEA registration

**Required documentation and experience****NEW APPLICANTS**

1. Provide contact information for a physician **and** a Nurse Practitioner from the same specialty whom the credentialing specialist may contact to provide an evaluation of your clinical your competency.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS**

1. Provide documentation of hospital activity;

**Or**

Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CORE III — Family (check box if requesting)****Privileges**

Core III privileges for family nurse practitioners include that which are outlined in Core I privileges with the exception that this practitioner is only privileged to see pediatric and adult patients.

**Basic education and minimal formal training**

1. Current RN and AP licensure from the MN Board of Nursing.
2. Completion of a nurse practitioner program.
3. Current national certification in one of the following areas:
  - Family
4. If applicant is a new graduate of a nurse practitioner program, he/she must supply evidence of eligibility and intent of taking the national exams within a specified time period not to exceed 6 months.
5. DEA registration.

**Required documentation and experience****NEW APPLICANTS**

1. Provide contact information for a physician **and** a Nurse Practitioner from the same specialty whom the credentialing specialist may contact to provide an evaluation of your clinical your competency.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS**

1. Provide documentation of hospital activity;

**Or**

Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CORE IV — Neonatal privileges (check box if requesting)****Privileges**

Core IV privileges for neonatal nurse practitioners include that which are outlined in Core I privileges with the exception that this practitioner is only privileged to see neonates.

**Basic education and minimal formal training**

1. Current RN and AP from the MN Board of Nursing.
2. Completion of a nurse practitioner program.
3. Current national certification in one of the following areas:
  - Neonatal
4. If applicant is a new graduate of a nurse practitioner program, he/she must supply evidence of eligibility and intent of taking the national exams within a specified time period not to exceed 6 months.
5. DEA registration.

**Required documentation and experience****NEW APPLICANTS**

1. Provide contact information for a physician **and** a Nurse Practitioner from the same specialty whom the credentialing specialist may contact to provide an evaluation of your clinical your competency.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS**

1. Provide documentation of hospital activity;

**Or**

Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CORE V — Pediatric privileges (check box if requesting)****Privileges**

Core V privileges for pediatric nurse practitioners include that which are outlined in Core I privileges with the exception that this practitioner is only privileged to see pediatric patients.

**Basic education and minimal formal training**

1. Current RN and AP licensure from the MN Board of Nursing.
2. Completion of a nurse practitioner program.
3. Current national certification in one of the following areas:
  - Pediatric
4. If applicant is a new graduate of a nurse practitioner program, he/she must supply evidence of eligibility and intent of taking the national exams within a specified time period not to exceed 6 months.
5. DEA registration

**Required documentation and experience****NEW APPLICANTS**

1. Provide contact information for a physician **and** a Nurse Practitioner from the same specialty whom the credentialing specialist may contact to provide an evaluation of your clinical your competency.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS**

1. Provide documentation of hospital activity;

**Or**

Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CORE VI — Women’s health care privileges (check box if requesting)**

**Privileges**

Core VI privileges for women’s health care nurse practitioners include that which are outlined in Core I privileges with the exception that this practitioner is only privileged to see female patients.

**Basic education and minimal formal training**

1. Current RN and AP licensure from the MN Board of Nursing.
2. Completion of a nurse practitioner program.
3. Current national certification in one of the following areas:
  - Women’s health care
4. If applicant is a new graduate of a nurse practitioner program, he/she must supply evidence of eligibility and intent of taking the national exams within a specified time period not to exceed 6 months.
5. DEA registration.

**Required documentation and experience**

**NEW APPLICANTS**

1. Provide contact information for a physician **and** a Nurse Practitioner from the same specialty whom the credentialing specialist may contact to provide an evaluation of your clinical your competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS**

1. Provide documentation of hospital activity;  
**Or**  
Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



**CORE VII — psychiatric privileges (check box if requesting)**

<b>Privileges</b>	
Core IV privileges for psychiatric nurse practitioners include that which are outlined in Core I privileges with the exception that this practitioner is only privileged to see patients admitted for psychiatric / mental health issues. Psychiatric nurse practitioners are privileged to perform face-to-face evaluations on patients in restraints/seclusion.	
<b>Basic education and minimal formal training</b>	
1. Current RN and APRN from the MN Board of Nursing. 2. Completion of a nurse practitioner program. 3. Current national certification in one of the following areas: <ul style="list-style-type: none"> <li>• psychiatry</li> </ul> 4. If applicant is a new graduate of a nurse practitioner program, he/she must supply evidence of eligibility and intent of taking the national exams within a specified time period not to exceed 6 months. 5. DEA registration.	
<b>Required documentation and experience</b>	
<b>New Applicants</b> 1. Provide contact information for a physician <b>and</b> a Nurse Practitioner from the same specialty whom the credentialing specialist may contact to provide an evaluation of your clinical your competency.	
Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____
<b>Reappointment Applicants</b> 1. Provide documentation of hospital activity; <b>Or</b> Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.	
Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	

Core VIII - Special privileges (check privileges requesting)

<b>Privilege</b>	
<input type="checkbox"/> PICC  <input type="checkbox"/> Colposcopies  <input type="checkbox"/> Endometrial Biopsies  <input type="checkbox"/> Umbilical Artery/Venous Catheterization	<input type="checkbox"/> Radial Artery Catheterization  <input type="checkbox"/> Intubation  <input type="checkbox"/> Chest Tube Placement  <input type="checkbox"/> Lumbar Puncture

**Basic education and minimal formal training**

1. Same as Core I

**Required documentation and experience**

**NEW APPLICANTS:**

- Provide documentation of training in specific procedures.
- Provide contact information for collaborating physician **and** a peer whom the credentialing specialist may contact to provide an evaluation of your clinical your competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS:**

- Provide documentation of number of procedures performed;  
**Or**  
Provide contact information for a peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

# Core Procedure List — Nurse Practitioner

**To the applicant:** Strike through those procedures you do not wish to request.

## PRIMARY CARE

1. Perform history and physical.
2. Apply, remove and change dressings and bandages.
3. Counsel and instruct patients, families and caregivers as appropriate.
4. Direct care as specified by medical staff approved protocols.
5. Implement palliative and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition and therapeutic interventions to optimize patient outcomes.
6. Initiate appropriate referrals.
7. Insert and remove nasogastric tube.
8. Make rounds on hospitalized patients.
9. Order and initial interpretation of diagnostic testing and therapeutic modalities, such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
10. Perform short-term and indwelling urinary bladder catheterization (e.g., Robinson, coudé, Foley).
11. Perform venous punctures for blood sampling, cultures and IV catheterization.
12. Record progress notes.
13. Dictate discharge summaries.

## NEONATOLOGY

1. Apply, remove and change dressings and bandages.
2. Arrange appropriate outpatient follow-up with community resources subsequent to conference with the neonatologist.
3. Contact the mother of each infant and inform her of any problems and plans.
4. Correlate clinical information and fetal data to determine gestational age.
5. Debridement and general care for superficial wounds and minor superficial surgical procedures.
6. Direct care as specified by medical staff approved protocols.
7. Elicit record and interpret the obstetrical, past medical, family and psychosocial history of the neonate's parents, noting risk factors and the implications for problems in the immediate newborn period.
8. Evaluate babies in newborn nursery. Discriminate between normal and abnormal findings on the physical examination, record these findings, and form an impression of the infant's status. Confer with neonatologist on abnormal findings.
9. Examine infants prior to discharge and document all findings in chart. Confer with neonatologists when abnormal findings are observed.
10. Initiate appropriate referrals.
11. Insert and manage urethral catheter.
12. Insert and remove nasogastric tube.
13. Institute discharge planning guidelines.
14. Institute emergency measures and notify neonatologist immediately.
15. Make daily rounds on hospitalized patients.
16. Order and obtain samples for appropriate studies and discuss results with neonatologist. Institute appropriate action subsequent to conference with the neonatologist.
17. Order and initial interpretation or diagnostic testing and therapeutic modalities, such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
18. Order the use and discontinuation of phototherapy subsequent to conference with the neonatologist.
19. Perform field infiltrations of anesthetic solutions.
20. Perform incision and drainage of superficial abscesses.
21. Perform newborn physical examination using the techniques of observation, inspection, auscultation, palpation, and percussion.

22. Perform routine immunizations.
23. Perform screenings of auditory brainstem responses.
24. Perform venous punctures for blood sampling, cultures and IV catheterization.
25. Provide immediate supportive care of the newborn in the delivery room.
26. Record progress notes.
27. Review of maternal health, labor and delivery records of all infants admitted to newborn nursery under the service of the neonatology group.
28. Dictate discharge summaries.

Neonatal Intensive care core procedure list

1. Assist in management of neonates.
2. Attend c-section and high-risk deliveries.
3. Conduct comprehensive patient review and chart notes for patients deemed appropriate by neonatologist.
4. Develop and implement an initial plan for patients in collaboration with the neonatologist.
5. Write and effectively communicate orders in accordance with management protocols.
6. Diagnostic and therapeutic procedures including but not limited to
  - ✓ Perform arterial puncture
  - ✓ Perform capillary heel-stick blood sampling
  - ✓ Perform emergency needle thoracentesis
  - ✓ Perform endotracheal intubation
  - ✓ Perform lumbar puncture
  - ✓ Perform exchange transfusion
  - ✓ Initiate cardiopulmonary resuscitation
  - ✓ Insert and remove central venous catheter
  - ✓ Insert and remove chest tube
  - ✓ Insert intraosseous needle
  - ✓ Insert and manage percutaneous arterial catheter
  - ✓ Insert and manage percutaneous venous catheter
  - ✓ Insert and manage umbilical artery catheter
  - ✓ Insert and manage umbilical venous catheter
  - ✓ Perform laryngoscopy and suction
  - ✓ Perform scalp vein infusion
  - ✓ Perform suprapubic bladder aspiration
  - ✓ Perform venipuncture
  - ✓ Ventilator management – newborn and infant

**PEDIATRICS**

1. Perform history and physical.
2. Consult and collaborate with other healthcare providers as necessary.
3. Direct care as specified by medical staff approved protocols.
4. Implement palliative and end-of-life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition and therapeutic interventions to optimize patient outcomes.
5. Initiate appropriate referrals.
6. Make daily rounds on hospitalized patients.
7. Monitor and evaluate accuracy of diagnosis and effectiveness of prescribed treatment plans, growth and development.
8. Order and initial interpretation of diagnostic testing and therapeutic modalities, such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
9. Record progress notes.
10. Dictate discharge summaries.

## Procedures

1. Apply, remove and change dressings and bandages.
2. Debridement and general care for superficial wounds and minor superficial surgical procedures.
3. Insert and remove nasogastric tube.
4. Perform field infiltrations of anesthetic solutions.
5. Perform incision and drainage of superficial abscesses.
6. Perform routine immunizations.
7. Perform short-term and indwelling urinary bladder catheterization (e.g., Robinson, coudé, Foley).
8. Perform venous punctures for blood sampling, cultures and IV catheterization.

## **WOMEN'S HEALTH**

1. Perform history and physical.
2. Apply, remove and change dressings and bandages.
3. Contraceptive care.
4. Counsel and instruct patients, families and caregivers as appropriate.
5. Debridement and general care for superficial wounds and minor superficial surgical procedures.
6. Direct care as specified by medical staff approved protocols.
7. Evaluation and treatment of common vaginal infections.
8. Implement palliative and end-of-life care through evaluation, modification and documentation according to the patient's response to therapy, changes in condition and therapeutic interventions to optimize patient outcomes.
9. Initiate appropriate referrals.
10. Initiate pharmacologic therapy to manage general health gynecologic and obstetric health needs.
11. Insert and remove nasogastric tube.
12. Make daily rounds on hospitalized patients.
13. Order and initial interpretation of diagnostic testing and therapeutic modalities, such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
14. Perform amniotomy.
15. Perform field infiltrations of anesthetic solutions.
16. Perform incision and drainage of superficial abscesses.
17. Perform short-term and indwelling urinary bladder catheterization (e.g., Robinson, coudé, Foley)
18. Perform venous punctures for blood sampling, cultures and IV catheterization.
19. Pregnancy testing and care before, during and after pregnancy.
20. Record progress notes.
21. Screen and refer for other health problems, including suspected sexual abuse and rape.
22. Screen for high-risk pregnancies, pregnancy complications and postpartum complications.
23. STD screen and follow-up.
24. Dictate discharge summaries.

**PSYCHIATRIC AND MENTAL HEALTH**

1. Perform history and physical.
2. Assess and treat individual patients with disease states and non-disease-based etiologies, using advanced theoretical and empirical knowledge of physiology, pathophysiology, and pharmacology.
3. Clinically manage psychiatric disorders including, but not limited to, severe and persistent neurobiological disorders.
4. Complete comprehensive assessments, develop the differential diagnosis, and formulate and implement a treatment plan.
5. Conduct behavioral healthcare maintenance of the population served.
6. Conduct individual, group and family psychotherapy.
7. Direct care as specified by medical staff approved protocols.
8. Evaluate and manage psychobiological interventions. Initiate appropriate referrals.
9. Make daily rounds on hospitalized patients.
10. Order and initial interpretation of diagnostic testing and therapeutic modalities, such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids and electrolytes, etc.
11. Utilize advanced practice skills to independently provide: (1) case management, including psychiatric rehabilitation and home care; and (2) teaching, promotion and prevention.

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable privilege is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

Regions Hospital  
Allied Health Practitioner  
Delineation of Privileges  
Moderate Sedation

<b>Privilege</b>
<input type="checkbox"/> Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. PA-C, NP, CNS</li> <li>2. Successful completion of advanced practice degree / certification</li> <li>3. Current ACLS, PALS or ATLS certification</li> </ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of successful completion of an examination provided by the Regions medical staff services <b>Or</b> Document experience by providing one of the following:           <ul style="list-style-type: none"> <li>• Evidence of successful completion of a moderate sedation test with passing score from another hospital;</li> <li>• Governing board letter from another hospital indicating the applicant has moderate sedation privileges;</li> <li>• Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted;</li> <li>• If a recent graduate, attestation of competency from program director.</li> </ul> </li> <li>2. Provide documentation of current ACLS, PALS or ATLS certification.</li> </ol> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; <b>Or</b> Provide documentation from Division/Section Head that attests to ongoing current competence.</li> <li>2. Provide documentation of current ACLS, PALS or ATLS certification.</li> </ol>

**TO BE COMPLETED BY APPLICANT:** I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

\_\_\_\_\_  
Signature Date

**TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:** I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

\_\_\_\_\_  
Signature Date