

Regions Hospital Delineation of Privileges Orthopaedic Surgery

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 to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – general staff privileges in orthopaedic surgery

Core II – moonlighting privileges in orthopaedic surgery

Special privileges

- ✓ Laminectomy
- ✓ Navigation programs
- ✓ Hemipelvectomy
- ✓ Vascular grafts of hands and forearms
- ✓ Complex hand surgery
- ✓ Orthopaedic level 1 trauma care

Core procedure list

Signature page



CORE I — General staff privileges in Orthopaedic Surgery

Privileges											
<p>Admit, evaluate, diagnose, treat and provide non-surgical and surgical care and consultation to patients of all ages to correct or treat various conditions, illnesses or injuries of the musculoskeletal system.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and other procedures that are extensions of the same techniques and skills.</p>											
Basic education and minimal formal training											
<ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in orthopaedic surgery3. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery											
Required documentation and experience											
NEW APPLICANTS: <ol style="list-style-type: none">1. Provide documentation demonstrating the performance of at least 100 orthopaedic procedures during the last 12 months; Or Successful participation in a residency or fellowship program in which at least 100 cases were performed or assisted by applicant; Or Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <table border="0"><tbody><tr><td>Name: _____</td><td>Name: _____</td></tr><tr><td>Name of Facility: _____</td><td>Name of Facility: _____</td></tr><tr><td>Address: _____</td><td>Address: _____</td></tr><tr><td>Phone: _____ Fax: _____</td><td>Phone: _____ Fax: _____</td></tr><tr><td>Email: _____</td><td>Email: _____</td></tr></tbody></table>		Name: _____	Name: _____	Name of Facility: _____	Name of Facility: _____	Address: _____	Address: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____	Email: _____	Email: _____
Name: _____	Name: _____										
Name of Facility: _____	Name of Facility: _____										
Address: _____	Address: _____										
Phone: _____ Fax: _____	Phone: _____ Fax: _____										
Email: _____	Email: _____										
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none">1. Provide contact information for a physician 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 — Moonlighting privileges in Orthopaedic Surgery

Privileges	
<p>Admit, evaluate, diagnose, treat and provide non-surgical care and assist in surgical care and consultation to patients of all ages to correct or treat various conditions, illnesses or injuries of the musculoskeletal system.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and other procedures that are extensions of the same techniques and skills.</p>	
Basic education and minimal formal training	
<ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH2. Currently enrolled in an ACGME or AOA or Royal College of Physicians and Surgeons of Canada approved residency program in orthopaedic surgery3. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery	
Required documentation and experience	
NEW APPLICANTS: <ol style="list-style-type: none">1. Provide contact information for two orthopaedic physicians 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: <ol style="list-style-type: none">1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.	
Name: _____	
Name of Facility: _____	
Address: _____	
Phone: _____ Fax: _____	
Email: _____	

Special privileges in orthopaedic surgery

Privileges	
<input type="checkbox"/> Laminectomy	
Basic education and minimal formal training	
<ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in orthopaedic surgery3. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery	
Required documentation and experience	
NEW APPLICANTS: <ol style="list-style-type: none">1. Provide documentation demonstrating the performance of at least 5 laminectomy procedures during the past 2 years.2. Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform the procedure requested.	
Name: _____	Name: _____
Name of Facility: _____	Name of Facility: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none">1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform the procedure requested.	
Name: _____	
Name of Facility: _____	
Address: _____	
Phone: _____ Fax: _____	
Email: _____	

Special privileges in orthopaedic surgery (continued)

Privileges				
Navigation programs				
Spinal <input type="checkbox"/> Medtronic <input type="checkbox"/> Brain lab <input type="checkbox"/> Other _____	Trauma <input type="checkbox"/> Medtronic <input type="checkbox"/> Brain lab <input type="checkbox"/> Other _____	Total Joints <input type="checkbox"/> Medtronic <input type="checkbox"/> Brain lab <input type="checkbox"/> Other _____		
Basic education and minimal formal training				
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in orthopaedic surgery 3. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgeons or the American Osteopathic Board of Orthopaedic Surgeons. 4. Successful completion of training course for the specific navigation program to be used 				
Required documentation and experience				
NEW APPLICANTS: <ol style="list-style-type: none"> 1. Provide evidence of training for the navigation program requested. 2. Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency to work with navigation programs. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </td> </tr> </table>			Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____
Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____			
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none"> 1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency to work with navigation programs. <div style="margin-left: 150px;"> Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ </div>				

Special privileges in orthopaedic surgery (continued)

Privileges			
<input type="checkbox"/>	Hemipelvectomy		
Basic education and minimal formal training			
<ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in orthopaedic surgery3. Completion of a fellowship in musculoskeletal tumor4. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery.			
Required documentation and experience			
NEW APPLICANTS: <ol style="list-style-type: none">1. Provide documentation demonstrating the performance of at least 3 hemipelvectomies during the past 5 years; Or Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform the procedure requested. <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding: 5px;"><p>Name: _____</p><p>Name of Facility: _____</p><p>Address: _____</p><p>Phone: _____ Fax: _____</p><p>Email: _____</p></td><td style="width: 50%; vertical-align: top; padding: 5px;"><p>Name: _____</p><p>Name of Facility: _____</p><p>Address: _____</p><p>Phone: _____ Fax: _____</p><p>Email: _____</p></td></tr></table>		<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
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REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none">1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform the procedure requested. <p style="text-align: center; margin-top: 20px;">Name: _____</p> <p style="text-align: center;">Name of Facility: _____</p> <p style="text-align: center;">Address: _____</p> <p style="text-align: center;">Phone: _____ Fax: _____</p> <p style="text-align: center;">Email: _____</p>			

Special privileges in orthopaedic surgery (continued)

Privileges			
<input style="width: 40px; height: 20px;" type="checkbox"/>	vascular grafts of the hands and forearm		
Basic education and minimal formal training			
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH 2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in orthopaedic surgery 3. Completion of a hand / micro-vascular fellowship 4. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery 			
Required documentation and experience			
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation demonstrating the performance of at least 5 vascular grafts of the hands and forearm during the past year; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform the procedure requested.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding: 5px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </td> </tr> </table> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform the procedure requested. <div style="margin-left: 100px; margin-top: 10px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div>		<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
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Special privileges in orthopaedic surgery (continued)

Privileges											
<input type="checkbox"/>	Complex hand surgery										
Basic education and minimal formal training											
<ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in orthopaedic surgery3. Completion of a hand / micro-vascular fellowship4. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery5. Successful completion of a certificate of added qualification (CAQ) for hand surgery											
Required documentation and experience											
NEW APPLICANTS: <ol style="list-style-type: none">1. Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform complex hand surgery. <table border="0"><tbody><tr><td>Name: _____</td><td>Name: _____</td></tr><tr><td>Name of Facility: _____</td><td>Name of Facility: _____</td></tr><tr><td>Address: _____</td><td>Address: _____</td></tr><tr><td>Phone: _____ Fax: _____</td><td>Phone: _____ Fax: _____</td></tr><tr><td>Email: _____</td><td>Email: _____</td></tr></tbody></table>		Name: _____	Name: _____	Name of Facility: _____	Name of Facility: _____	Address: _____	Address: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____	Email: _____	Email: _____
Name: _____	Name: _____										
Name of Facility: _____	Name of Facility: _____										
Address: _____	Address: _____										
Phone: _____ Fax: _____	Phone: _____ Fax: _____										
Email: _____	Email: _____										
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none">1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency to perform a complex hand surgery. <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>											

Special privileges in orthopaedic surgery (continued)

Privileges			
<input type="checkbox"/>	orthopaedic level 1 trauma care		
Basic education and minimal formal training			
<ol style="list-style-type: none">1. MD, DO, MBBS or MB BCH2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in orthopaedic surgery3. Current certification or active participation in the examination process with achievement of certification within 5 years, leading to certification in orthopaedic surgery, by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery			
Required documentation and experience			
NEW APPLICANTS: <ol style="list-style-type: none">1. Meet qualifications as specified in the "Resources for Optimal Care of the Injured Patient" (American College of Surgeons committee on Trauma)2. Provide letter of approval from director of trauma services3. Provide documentation of 16 trauma CME credits in the past 12 months4. Provide contact information for two physician peers whom the credentialing specialist may contact to provide an evaluation of your clinical competency to provide level 1 trauma care. <table style="width: 100%; border: none;"><tr><td style="width: 50%; border-right: 1px solid black; padding: 5px; vertical-align: top;"><p>Name: _____</p><p>Name of Facility: _____</p><p>Address: _____</p><p>Phone: _____ Fax: _____</p><p>Email: _____</p></td><td style="width: 50%; padding: 5px; vertical-align: top;"><p>Name: _____</p><p>Name of Facility: _____</p><p>Address: _____</p><p>Phone: _____ Fax: _____</p><p>Email: _____</p></td></tr></table>		<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>		
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none">1. Provide letter of approval from director of trauma services.2. Provide documentation of 32 trauma CME credits in the past 24 months.3. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency to provide level 1 trauma care. <div style="text-align: center; margin-top: 20px;"><p>Name: _____</p><p>Name of Facility: _____</p><p>Address: _____</p><p>Phone: _____ Fax: _____</p><p>Email: _____</p></div>			

Core Procedure List — Orthopaedic Surgery

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

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

Hip and Knees	Shoulders and Elbows
<ol style="list-style-type: none"> 1. Performance of history and physical 2. Amputation surgery, including immediate prosthetic fitting in the operating room 3. Arthrocentesis, diagnostic 4. Arthrodesis, osteotomy, and ligament reconstruction of the major peripheral joints, excluding total replacement of joints 5. Arthrography 6. Arthroscopy 7. Bone grafts and allografts 8. Closed reduction of fractures and dislocations 9. Debridement of soft tissue 10. Excision of soft tissue/bony masses 11. Fasciotomy and fasciectomy 12. Fracture fixation 13. Joint replacement, including minimally invasive techniques (excludes hip resurfacing) 14. Ligament reconstruction 15. Management of infectious and inflammations of bones, joints and tendon sheaths 16. Muscle and tendon repair 17. Open reduction and internal/external fixation of fractures and dislocations of the skeleton 18. Reconstruction of nonspinal congenital musculoskeletal anomalies 19. Treatment of trauma 20. Treatment of cartilage injuries (e.g., autologous chondrocyte implantation [ACI] and osteoarticular transfer system [OATS]) 	<ol style="list-style-type: none"> 1. Performance of history and physical 2. Amputation surgery, including immediate prosthetic fitting in the operating room 3. Arthrocentesis, diagnostic bone graphs, and allographs 4. Arthroscopy 5. Joint replacement ([includes/excludes] minimally invasive techniques) 6. Closed reduction of the fractures and dislocations 7. Muscle and tendon repair 8. Open reduction and internal/external fixation of fractures and dislocations 9. Debridement of soft tissue 10. Excision of soft tissue/bony masses 11. Fasciotomy and fasciectomy, and dislocations

Spine	Musculoskeletal oncology
<ol style="list-style-type: none"> 1. Performance of history and physical 2. Assessment of the neurologic function of the spinal cord and nerve roots 3. Interpretation of imaging studies of the spine 4. Management of traumatic, congenital, developmental, infectious, metabolic, degenerative and rheumatologic disorders of the spine 5. Treatment of extensive trauma 6. Open reduction and internal/external fixation of fractures and dislocations of the skeleton 7. Closed reduction of fractures and dislocations 	<ol style="list-style-type: none"> 1. Performance of history and physical 2. Detection of tumors through various imaging techniques, including x-ray, MRA, and bone scan procedures 3. Tumor resection with local treatment 4. Tumor resection with major limb reconstruction or amputation 5. Biopsy and excision of tumors involving bone and adjacent soft tissues

Foot and Ankle	Hand
<ol style="list-style-type: none"> 1. Performance of history and physical 2. Amputation surgery, including immediate prosthetic fitting in the operating room 3. Arthroscopy 4. Treatment of trauma 5. Joint replacement ([includes /excludes] minimally invasive techniques) 6. Closed reduction of fractures and dislocations 7. Muscle and tendon repair 8. Open reduction and internal/external fixation of fractures and dislocations 9. Debridement of soft tissue 10. Excision of soft tissue/bony masses 11. Fasciotomy and fasciectomy 12. Treatment of cartilage injuries (e.g., ACI and OATs) 	<ol style="list-style-type: none"> 1. Performance of history and physical 2. Arthroplasty of large and small joints, wrist, or hand, including implants 3. Amputation surgery including immediate prosthetic fitting in the operating room 4. Arthrocentesis 5. Diagnostic bone grafting and allografts 6. Nerve decompression 7. Fasciotomy and fasciectomy 8. Fracture fixation with compression plates or wires 9. Nerve graft 10. Neurolysis 11. Closed reductions of fractures and dislocations 12. Removal of soft tissue mass, ganglion on the palm or wrist, flexor sheath, etc. 13. Repair of lacerations 14. Repair of rheumatoid arthritis deformity 15. Skin grafts 16. Tendon reconstruction (free graft, staged) 17. Tendon release, repair, and fixation 18. Tendon transfers 19. Treatment of infections 20. Open reduction and internal/external fixation of fractures and dislocations 21. Treatment of trauma

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 procedure 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 Delineation of Privileges Moderate Sedation

Privilege
<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.
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS, 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program. 3. Current ACLS, ATLS or PALS certification.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Complete moderate sedation test provided by Regions medical staff services with passing score; Or Document experience by providing one of the following: <ul style="list-style-type: none"> • Evidence of successful completion of a moderate sedation test from another hospital with passing score; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, ATLS or PALS certification. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; Or Provide documentation from Division/Section Head that attests to ongoing current competence. 2. Provide documentation of current ACLS, ATLS or PALS certification.

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