

Regions Hospital

Delineation of Privileges

Diagnostic Radiology and Imaging Guided Intervention

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 privileges in Diagnostic radiology and Imaging Guided Intervention

Core II - general privileges in vascular and interventional radiology (VIR)

Core III - general privileges in interventional neuroradiology

Special privileges

- ✓ Cardiac magnetic resonance (CMR)
- ✓ Cardiac computed tomography)
- ✓ Breast Imaging/Mammography
- ✓ Nuclear Medicine I-131 therapies
- ✓ Percutaneous vertebroplasty
- ✓ Balloon kyphoplasty
- ✓ Endovenous Ablative Therapy (ELVT)
- ✓ Endovascular repair of thoracic and abdominal aortic aneurysm
- ✓ Carotid stenting

Core procedure list

Signature page

- ☐ **CORE I — General privileges in diagnostic radiology and imaging guided intervention**

Privileges
Perform general radiology to diagnose and treat diseases of patients of all ages. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH. 2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada accredited residency in diagnostic radiology. 3. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Demonstrate performance and interpretation of at least 2000 radiologic tests or procedures, reflective of the scope of privileges requested; Or Demonstrate successful completion of and ACGME or AOA, accredited residency in diagnostic radiology, clinical fellowship, or research in a clinical setting within the past 12 months. 2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of 4000 radiologic tests or procedures, reflective of the scope of privileges requested, performed during the past 24 months.

☐ **CORE II — Vascular and interventional radiology**

Privileges
<p>Admit, evaluate, diagnose, and treat patients of all ages by percutaneous methods guided by various radiologic imaging modalities. The core privileges in this specialty include the procedures on the attached procedure list and such 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. Must be eligible for and granted Core I privileges. 2. MD, DO, MBBS or MB BCH. 3. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada- accredited residency in diagnostic radiology. 4. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology. 5. Completion of a one-year accredited fellowship in vascular and interventional radiology; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Current subspecialty certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology or Certificate of Added Qualifications in angiography and interventional radiology by the American Osteopathic Board of radiology.</p>
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of at least 150 vascular and interventional radiology procedures, reflective of the scope of privileges requested performed in the past 12 months; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months;</p> <ol style="list-style-type: none"> 2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> Name _____ Phone: _____ </div> <div style="display: flex; justify-content: space-between;"> Name of Facility: _____ Fax: _____ </div> <div style="display: flex; justify-content: space-between;"> Address: _____ Email: _____ </div> </div> <p style="margin-top: 10px;">REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of at least 250 VIR procedures, reflective of the scope of privileges requested, performed during for the past 24 months.

☐ **CORE III — Interventional neuro-radiology**

Privileges
<p>Admit, evaluate, diagnose, and treat patients of all ages with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise. The core privileges in this specialty include the procedures on the attached procedure list and such 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 BCH. 2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada accredited residency in diagnostic radiology. 3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology. 4. Successful completion of and ACGME-accredited fellowship in neuroradiology followed by and ACGME accredited fellowship in endovascular surgical neuroradiology; <p>Or</p> <p>Current subspecialty certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to subspecialty certification in neuroradiology by the American Board of Radiology.</p>
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of : <ul style="list-style-type: none"> ✓ 100 cerebral angiograms performed during the past 12 months ✓ 30 cerebral or spinal microcatheter procedures performed during the past 12 months ✓ 10 supervised stroke interventions performed in the past 12 months <p>Or</p> <p>Demonstrate successful completion of an ACGME- or APOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months;</p> 2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Name _____</div> <div style="width: 45%;">Phone: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Name of Facility: _____</div> <div style="width: 45%;">Fax: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Address: _____</div> <div style="width: 45%;">Email: _____</div> </div>
<p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of: <ul style="list-style-type: none"> ✓ 100 cerebral angiograms performed performed during the past 24 months ✓ 50 cerebral or spinal microcatheter procedures performed during the past 24 months ✓ 20 supervised stroke interventions performed during the past 24 months <p>Or</p> <p>Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Name _____</div> <div style="width: 45%;">Phone: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Name of Facility: _____</div> <div style="width: 45%;">Fax: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Address: _____</div> <div style="width: 45%;">Email: _____</div> </div>

Special privileges (check those that apply)

Privileges
<input type="checkbox"/> Cardiac magnetic resonance (CMR)
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada accredited residency in radiology or nuclear medicine. 2. If CMR was not included in residency or fellowship training, applicants must demonstrate they have completed formal training in CMR that included supervised cases and training in CMR physics.
Required documentation and experience
NEW APPLICANTS: <ol style="list-style-type: none"> 1. Provide documentation of the analysis and interpretation of at least 150 CMR cases, of which at least 50 occurred in the past 12 months.
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none"> 1. Provide documentation of the performance of at least 100 CMR cases in the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Name _____ Name of Facility: _____ Address: _____ </div> <div> Phone: _____ Fax: _____ Email: _____ </div> </div>

Special privileges (check those that apply)

Privileges	
<input type="checkbox"/> Cardiac computed tomography (CT) and computed tomography angiogram of coronary arteries (CTA)	
Basic education and minimal formal training	
1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada accredited residency in radiology or nuclear medicine. 2. If the postgraduate program did not include cardiac CT and coronary CT angiography training, demonstrate successful completion of a formal course in cardiac CT and cardiac imaging equivalent to a minimum of 30 CEU's, which included Coronary artery CT angiography and proctored initial cases.	
Required documentation and experience	
NEW APPLICANTS: 1. Provide documentation of supervision and interpretation of at least 150 exams in the past 12 months.	
REAPPOINTMENT APPLICANTS: 1. Provide documentation of at least 100 exams performed in the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____

Special privileges (check those that apply)

Privileges
<input type="checkbox"/> Percutaneous vertebroplasty
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada accredited residency in radiology 2. Successful completion of an approved training course in percutaneous vertebroplasty that included proctoring 3. Radiation Safety training
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the performance of at least 30 percutaneous vertebroplasty procedures in the past 12 months. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the performance of at least 30 percutaneous vertebroplasty procedures in the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Name _____ Name of Facility: _____ Address: _____ </div> <div style="width: 45%;"> Phone: _____ Fax: _____ Email: _____ </div> </div>

Special privileges (check those that apply)

Privileges
<input type="checkbox"/> Balloon kyphoplasty
Basic education and minimal formal training
<ol style="list-style-type: none">1. Successful completion of an ACGME- or AOA-accredited fellowship in neuroradiology or interventional radiology.2. Successful completion of an approved training course in the use of the inflatable bone tamp.3. Proctored in initial cases by a Kyphon company representative.4. Radiation safety training.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none">1. Provide documentation of the performance of at least 10 balloon kyphoplasty procedures in the past 12 months. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none">1. Provide documentation of the performance of at least 10 balloon kyphoplasty procedures in the past 12 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>

Special privileges (check those that apply)

Privileges	
<input type="checkbox"/> Endovenous ablative therapy (ELVT) via all energy sources	
Basic education and minimal formal training	
<ol style="list-style-type: none">1. Successful completion of an ACGME- or AOA-accredited postgraduate training program that included supervised training in the diagnosis and treatment of varicose veins and training in interpreting ultrasound examinations of the legs.2. EVLT training that included the performance/interpretation of 20 EVLT procedures.3. Training with the specific energy source to be used.	
Required documentation and experience	
NEW APPLICANTS: <ol style="list-style-type: none">1. Provide evidence of the performance and/or interpretation of at least 20 EVLT procedures in the past 12 months.	
REAPPOINTMENT APPLICANTS: <ol style="list-style-type: none">1. Provide evidence of the performance or interpretation of at least 30 EVLT procedures in the past 24 months.2. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____

Special privileges (check those that apply)

Privileges
<input type="checkbox"/> Endovascular repair of thoracic and abdominal aortic aneurysm Applicant agrees to limit procedure to use of endovascular graft device for which they have demonstrated training and experience.
Basic education and minimal formal training
1. Successful completion of an ACGME- or AOA-Accredited postgraduate training program in interventional radiology. 2. Successful completion of an approved training program in endovascular repair of thoracic (TAA) and abdominal (AAA) aortic aneurysms.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of performance of at least 10 endovascular repair of TAA and/or AAA procedures in the past 12 months. 2. Supervision by a physician experienced in performing endovascular repair of TAA of AAA is recommended for 10 initial cases. REAPPOINTMENT APPLICANTS: 1. Provide documentation of the performance of at least 5 endovascular repair of TAA and/or AAA procedures in the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name _____ Phone: _____ Name of Facility: _____ Fax: _____ Address: _____ Email: _____

Special privileges (check those that apply)

Privileges
<input type="checkbox"/> Carotid stenting
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. Successful completion of ACGME- or AOA-approved fellowship in vascular and interventional radiology or endovascular surgical neuroradiology that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. Or If not taught in an accredited residency/fellowship program, applicants must have completed and approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. 2. Successful completion of a training course in the embolic protection system or device that is used in the carotid artery stenting procedure.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of at least 20 carotid artery stenting procedures performed in the past 12 months, with at least half as primary operator. 2. Provide documentation of the performance at least 200 diagnostic cerebral angiograms if no prior catheter experience <p>Or</p> <p>100 diagnostic cerebral angiograms if experience is sufficient to meet the AHA requirement for peripheral vascular interventions.</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of at least 20 carotid artery stenting procedures performed in the past 24; <p>Or</p> <p>Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Name _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> </div> <div style="width: 45%;"> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> </div> </div>

Special privileges (check those that apply)

Privileges
<input type="checkbox"/> Breast Imaging and Intervention
Basic education and minimal formal training
1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada accredited residency-training in radiology.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the analysis and interpretation of at least 480 mammogram cases in the past 12 months 2. Provide documentation to meet all current Mammography Quality Standards Act (MQSA) requirements <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of the performance of at least 480 mammogram cases in the past 24 months; <p style="margin-left: 20px;"><i>Or</i></p> <p style="margin-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Name _____</div> <div style="width: 45%;">Phone: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Name of Facility: _____</div> <div style="width: 45%;">Fax: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Address: _____</div> <div style="width: 45%;">Email: _____</div> </div>

Special privileges (check those that apply)

Privileges
<input type="checkbox"/> Nuclear Medicine 1-131 Therapy
Basic education and minimal formal training
1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–, American Osteopathic Association (AOA)– or Royal College of Physicians and Surgeons of Canada accredited residency-training in radiology or nuclear medicine.
Required documentation and experience
<p>NEW APPLICANTS:</p> <p>1. Provide documentation of at least 10 nuclear medicine therapy cases in the past 12 months.</p> <p>REAPPOINTMENT APPLICANTS:</p> <p>1. Provide documentation of the performance of at least 10 nuclear medicine therapy cases in the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</p> <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>

Core Procedure List — Radiology

Applicant: Strike those procedures you do not want 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.

Diagnostic Radiology and Imaging Guided Intervention

1. Bone densitometry
2. Computed tomography of the head, neck, chest, abdomen, pelvis and extremities including CT angiography of the head, neck, spine, abdomen, pelvis and extremities
3. Diagnostic nuclear medicine of the head, neck, spine, chest including the heart, abdomen, and pelvis, extremity and their associated vasculatures, and associated procedures.
4. Image guided procedures with guidance by but not limited to MRI, Ultrasound, CT or fluoroscopy. Imaging guided procedures include but are not limited to lumbar puncture, myelogram, epidural spinal injection, joint injection, arthrography, soft tissue biopsy, chest tube placement, drain placement, fine needle aspiration, hysterosonography, hysterosalpingography.
5. Magnetic resonance imaging (MRI) and MR angiography (MRA) of the head, neck, spine, chest, abdomen, pelvis, extremities, and major joints-shoulder, knee, ankle, etc.
6. Interpretation of plain films, intravenous or retrograde pyelography, fluoroscopic procedures including barium, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures
7. Ultrasound of the head, neck, chest, abdomen, pelvis, extremities and vasculature
8. Perform History and Physical.

Vascular and Interventional Radiology

1. Perform history and physical exam
2. Angiography, abdominal, thoracic (to exclude coronary arteries), carotid, cerebral and extremities
3. Venography abdominal, thoracic (to exclude coronary), neck and extremities
4. Therapeutic vascular interventions including balloon angioplasty, stent placement, atherectomy, thrombolytic therapy, mechanical thrombolysis, injection of vasoactive agents and embolization/chemoembolization.
5. Placement and retrieval of vena cava filters.
6. Central venous catheter placement including dialysis catheters.
7. Transjugular intrahepatic portosystemic shunt (TIPS)
8. Non invasive vascular imaging to include arterial and venous duplex ultrasounds, segmental pressure studies, TCPO2 studies, CT angiography and venography and MR angiography and venography.
9. Non vascular interventional procedure, including urinary tract interventions, biliary interventions and tumor ablation.
10. Transcervical fallopian tube recanalization
11. Blood patch

Interventional Neuroradiology

1. Carotid test occlusion/carotid occlusion
2. Cavernous sinus sampling
3. Cerebral angiography
4. Embolization of cerebral AVM
5. Embolization of cerebral, cranial, head, neck and spinal tumors
6. Embolization of spinal AVM
7. Endovascular treatment of cerebral aneurysms, including coil occlusion
8. Integrating endovascular therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures

9. Interpreting diagnostic studies
10. Intracranial angioplasty and stenting
11. Intracranial recanalization (i.e., thrombolysis, mechanical disruption)
12. Intra-cranial/Intra-arterial chemotherapy
13. Participating in short-term and long-term postprocedure follow-up care, including neurointensive care
14. Perform History and Physical

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

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications
- ☐ Do not recommend the following requested privileges

Privilege	Condition / Modification / Explanation
1.	
2.	

Notes:

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. Provide documentation of successful completion of an examination provided by the Regions medical staff services Or Document experience by providing one of the following: <ul style="list-style-type: none"> • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • 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 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