

Loma Linda University Behavioral Medicine Center
Psychiatry Service/Department
Anesthesiology Privilege Request Form

Membership Category: ☐ Provisional ☐ Active ☐ Consulting ☐ Courtesy

Physician Name: _____

CATEGORY	QUALIFICATIONS
Anesthesia for ECT Procedures	<p>Contractual arrangement with Loma Linda Anesthesiology Medical Group, Inc., who has a contractual agreement to provide anesthesiology services to Loma Linda University Behavioral Medicine Center; and</p> <p>Current demonstrated competence and an adequate volume of current experience with acceptable results in the privilege(s) requested, for patients of all age groups, except as specifically excluded from practice; plus one of the following:</p> <p>Current certification, or active participation in the examination process leading to certification, in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology to be achieved within five (5) years of completion of residency training.</p> <p>As stated above for Category 1, plus</p> <p>A level of formal supervised training or demonstrated competence and experience in an anesthesia subspecialty area appropriate to the privileges being requested; and/or</p> <p>Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.</p>

REQUESTED	ANESTHESIA PRIVILEGE	ACTION		
	Administer Anesthesia for Electroconvulsive Therapy (ECT).	Approved	Conditions	Comment

Acknowledgment of Practitioner

I have requested only those specific privileges which by education, training, current experience and demonstrated performance I am qualified to perform, and for which I wish to exercise at the site noted above. I also understand the following:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: _____

Date _____

RECOMMENDED:

Chief of Service

Date

Credentials Committee

Date

Medical Staff Executive Committee

Date

APPROVED:

Governing Body Officer

Date