
Applicant Name

St. Elizabeth Healthcare
Anesthesiology

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in anesthesiology

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in anesthesiology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

Privileges Requested

I. Core Privileges: Core privileges in anesthesiology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

Request

Description of Privilege

_____ Admit patients, perform histories and physicals, render patients insensible to pain and to minimize stress during surgical, obstetrical and certain medical procedures using general anesthesia, regional anesthesia or sedation/analgesia to a level at which a patient's protective reflexes are likely to be obtunded. Performance of preanesthetic, intra-anesthetic and postanesthetic evaluation and management are essential components of the practice of anesthesiology.

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: