



Privileges for: Rheumatology

Request

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. 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.

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

- \_\_\_\_\_ Electromyogram
- \_\_\_\_\_ Epidural steroid injection
- \_\_\_\_\_ Diagnostic ultrasound

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_