

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
Clinical Privileges
Certified Registered Nurse Anesthetists
Page 1 of 1

Name: _____

Date: _____

State Approved Collaboration Agreement on file _____ (to be completed by Medical Staff Services)

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Administration of general, regional and MAC for assigned cases under supervision				
Pre-anesthesia evaluation and preparation				
Initial post-operative management of pulmonary care including mechanical ventilation				
Placement of intra arterial catheters				
Placement of central venous catheters				
Fiberoptic bronchoscopy				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date

Collaborating Physician

Date