

Directions:

For Privileges in a new Department and additional advanced specific privileges:

Complete the attached form, along with a CRNA privilege form, sign and send to the **Chief of Nurse Anesthesia as well as the Department Chair of Anesthesiology** for signatures.

The fully signed forms should be sent to MSO for processing at the next Credentials Committee meeting.

*****NOTE: Incomplete forms will delay the MSO approval of requests.**



Medical Staff Services
410/328-2902

Date: _____

Name: _____

REQUEST FOR ADDITIONAL PRIVILEGES/CHANGE IN PRIMARY DEPARTMENT/ADDITION OF SECONDARY DEPARTMENT

I request to change primary departmental to _____ (new DOP is included)

OR

I would like to request privileges to practice in a different department than my primary (new DOP is included):

I would like to request approval of the following additional procedures. Please list:

Applicant Signature

Date

Chief, Division of Nurse Anesthesia Signature

Date

Department Chair, Anesthesiology Signature

Date

Please return to Medical Staff Services, 110 S Paca Street, 8th Floor, or fax to MedicalStaffOffice@umm.edu or by fax to 443-462-5470.

For completion by UMMC Medical Staff Services:

_____ License Verification Complete _____ NPDB Query Complete

_____ OIG Sanction Query Complete

MSO Signature

Date

Credentials Committee Approval Date

