

## **PRIVILEGES CERTIFICATION**

I have not requested privileges for any procedures for which I am not certified. Furthermore, I realize that certification by a board does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privileges.

Date		Signature of Applicant
☐ Appointment Recommended	☐ Appointment Not Recommended	☐ Appointment Deferred
Date		Chief of Service
Date		Chief of Service
☐ Appointment Recommended	☐ Appointment Not Recommended	☐ Appointment Deferred
Date		Medical Director
☐ Appointment Recommended	☐ Appointment Not Recommended	☐ Appointment Deferred
Date		Credential Committee President
☐ Appointment Recommended	☐ Appointment Not Recommended	☐ Appointment Deferred
Date		Medical Staff President and Executive Committee President
□ Appointment Recommended	☐ Appointment Not Recommended	☐ Appointment Deferred
Date		Representative of Governing Body