

Request for Additional Privilege
Licensed Independent Practitioner

Applicant: _____ Specialty: _____

Privilege Request, Attestation, & Acknowledgement

I hereby request the additional privilege listed below:

I attest that I am qualified and competent to perform the procedures listed above. I have attached documentation of the required training and/or current clinical competence. I further acknowledge that verification of these privileges, including a NPDB query, may be conducted as a result of this request.

Signature of Applicant Date

Approval

I have reviewed the requested clinical privilege and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested privilege.
- Recommend privilege with the following conditions/modifications:

Condition/Modification

- Do not recommend the requested privilege:

Explanation

Service Line Medical Director Signature Date

OFFICE USE ONLY

Medical Executive Committee	Action: _____	Date: _____
Board of Directors	Action: _____	Date: _____
Effective Dates	From: _____	To: _____