

JOHN C. LINCOLN HOSPITAL - DEER VALLEY

**SURGICAL ASSISTING
Delineation of Privileges**

New appointment

Reappointment

Please Print Name

QUALIFICATIONS: Licensed physician (DO or MD) who has successfully completed a residency training program necessary for or who has board certification in General Surgery.

(REQ=Requested) - (APP=Approved)

(Estimated # Of Procedures=Number of procedures performed in past 2 years. This must be completed if privileges/procedure is requested.)

REQ	APP	PRIVILEGE REQUESTED
		Surgical Assist only

- I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly I am requesting permission to do these procedures.
- By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.

- I have reviewed the above list and have checked the privileges to which I am limiting my practice; and having been trained accordingly, am requesting permission for these privileges.
- By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.

Applicant's Signature: _____	Date: _____
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APPROVAL

Signature: Credentials Committee Chairman/Designee _____	Date: _____
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Signature: Surgery Department Chairman _____	Date: _____
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Date: _____ Medical Executive Committee Deer Valley	Date: _____ Network Board of Directors
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