

**NAPERVILLE SURGICAL CENTRE**

**Anesthesia Privileges**

|                      |    |   |                     |    |
|----------------------|----|---|---------------------|----|
| Name                 |    |   |                     |    |
| Privileges Requested |    | Procedure   | Privileges Approved |    |
| Yes                  | No |   | Yes                 | No |
|                      |    | General anesthesia  |                     |    |
|                      |    | Local anesthesia  |                     |    |
|                      |    | Monitored anesthesia care (MAC)   |                     |    |
|                      |    | Regional anesthesia: spinal, epidural, IV block, intravenous regional sympathetic nerve block |                     |    |
|                      |    | Tracheotomy/tracheostomy  |                     |    |
|                      |    | Treatment of cardiac/respiratory emergencies  |                     |    |
|                      |    |   |                     |    |
|                      |    |   |                     |    |
|                      |    |   |                     |    |

I attest that I am competent to perform the above requested procedures and can provide documentation that I possess these privileges at an Illinois licensed hospital.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date