

**CHRISTIANA CARE HEALTH SERVICES
MEDICAL-DENTAL STAFF SERVICES
MODERATE SEDATION PRIVILEGE REQUEST FORM**

Name: _____ Department: _____ Date: _____

EDUCATION	INITIAL PRIVILEGES	MAINTENANCE OF PRIVILEGES
MD, DO, DDS, DPM, DMD, Or Advance Practice Nurse or Physician Assistant	To request privileges: 1) Completion of the education material and test, and 2) Current ACLS, ATLS, PALS or NRP as appropriate, and 3) Successful demonstration of airway Management skills (Vest Lab) 4) Upon receipt of privileges, the first three (3) cases will be performed under concurrent proctoring (direct supervision)	1) Review of the education material (optional) 2) Review airway management skills in Vest Lab (optional) 3) Current ACLS, ATLS, PALS or NRP (as appropriate) 4) Completion of at least 10 moderate sedation cases in the last credentialing cycle. 5) If not able to meet requirements in 4 above, then must complete Vest Lab Airway Management Skills

I am **requesting initial privileges** to administer moderate sedation. I understand that I am required to abide by Staff and hospital-wide bylaws, rules and/or policies and procedures applicable to the performance of moderate sedation privileges.

TO BE COMPLETED BY MEDICAL-DENTAL STAFF OFFICE: As applicable, the following is on file:

Test Score: _____ Current ACLS, ATLS, PALS or NRP Completed VEST Lab skills

APPROVAL:

DATE: _____

SIGNATURE: *(Chair, Department of Anesthesia)*

DATE: _____

SIGNATURE: *(Departmental Chair)*

Please complete and fax to 302-623-2593 or Submit by e-mail