

**DELINEATION OF PRIVILEGES
PULMONOLOGY**

NAME: _____

INITIAL APPOINTMENT/REAPPOINTMENT
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	GENERAL		
	Respiratory Evaluation		
	Bronchial Brushing Bronchial Lavage		
	Bronchograms		
	Spinal Tap		
	Subclavian Puncture		
	Thoracentesis		
	Bronchoscopy		
	Esophagoscopy		
	IV Sedation		
	Needle Biopsy		
	Other		
	Other		
	Other		

Acknowledgment of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner's Signature Date