

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Surgery/Anesthesia
Assist in Surgery

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

QUALIFICATIONS/CRITERIA
Category I
Complete an ACGME or AOA accredited residency or internship in General Surgery.

Pacific Hospital of Long Beach <i>privilege form</i>			
<i>Requested</i>	<i>Usual and Customary Privileges</i>	<i>Granted</i>	<i>Special Conditions</i>
	Category I		
	General		
	Surgical Assist		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Chief of Surgery/Anesthesia

Date

Credentials Committee approved on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____