

TEXAS SPINE & JOINT HOSPITAL

DELINEATION OF PRIVILEGES VASCULAR

NAME: _____

INITIAL APPOINTMENT/REAPPOINTMENT
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	GENERAL		
	Assist with ALIF Procedures		
	Other:		
	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 Signatu Date