

ATRIUM HEALTH FLOYD/POLK/CHEROKEE  
 ADVANCED PRACTICE PROVIDER  
 DELINEATION OF PRIVILEGES  
 ANESTHESIA FUNCTIONS

\_\_\_\_\_  
 Applicant Name

\_\_\_\_\_  
 Supervising Physician

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Department

Initial appointment  
  Reappointment  
  Updated DOP  
  Request for Clinical Privileges

**Please check all categories and privileges desired.**

PRIVILEGE	FLOYD		POLK		CHEROKEE	
	Direct	Indirect	Direct	Indirect	Direct	Indirect
Provide anesthesia services under supervision of Anesthesiologist						
Additions/Deletions/Conditions/Other Limitations:						

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Supervising Physician

\_\_\_\_\_  
 Date