

FLOYD MEDICAL CENTER  
SPP Anesthesia Functions Requested

\_\_\_\_\_  
Name in Full

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

TITLE: \_\_\_ CRNA      \_\_\_ PA-AA

\_\_\_\_\_  
Department

Please list detailed description of each activity to be performed and note the degree of supervision, *direct or indirect*, by each.

Functions	Direct	Indirect	Approved
Provide anesthesia services under supervision of Anesthesiologist			

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

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

APPROVED FMC:

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION  
or FMC EVP and CHIEF MEDICAL OFFICER

\_\_\_\_\_  
Date

\_\_\_\_\_ Concur with Department's recommendation and forward to governing body

\_\_\_\_\_ Return to Department for clarification of the following: \_\_\_\_\_

**BOARD APPROVAL:**    \_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
Date