

**POLK 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 PMC:

President, Medical Staff

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

_____ Concur with Credential Committee's recommendation and forward to governing body

_____ Return to Credentials Committee for clarification of the following:

_____ Date

BOARD APPROVAL _____ *Yes* _____ *No* _____ *Date*