Contra Costa Regional Medical Center
Privileges Request Form

Practitioner Name: _____

Departments (s)	Number	Privilege Descriptions D= With Direct Supervision C= With Consultation U= Unrestricted	D/C/U	Training/ Education	Experience	Current Competence	Requested	Granted	D= Denied P= Pending CNM=Criteria Not Met
CC	CC 7	**Placement of Temporary Hemodialysis Lines***	D	FP, Surg or ANE	N/A	N/A			
			C	FP, Surg or ANE	5	1 case in last 2 years			
			U	FP, Surg or ANE	10	1 case in last 2 years			
CC HOSP	CC 10	**Limited bronchoscopy on Patients for Mucus Plug Washing or Localization of Bleeding***	D	AN, EM, FP, IM, or Surg	N/A	N/A			
			C	AN, EM, FP, IM, or Surg	5	5 cases in last 4 years			
			U	AN, EM, FP, IM, or Surg	10	5 cases in last 2 years			
CC EME HOSP IM PED	EME 11	Intraosseous Line Placement	D	CA Lic.	N/A	N/A			
			U	CA Lic.	N/A	2 cases in last 4 years or inservice in last 2 years			
CC EME HOSP	EME 16F	**Basic Cardiac Ultrasound:** Assess for pericardial effusion, global left ventricular contractility, right ventricle size, IVC diameter, and confirmation of pulseless electrical activity, and asystole	D	CA Lic.	N/A	N/A			
			U	CA Lic. & approved Sono Course or Residency Training	15	10 cases in last 2 years			

*** Separate proctoring required**