

Los Angeles County + University of Southern California Medical Center  
ATTENDING STAFF ASSOCIATION

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**ATTENDING STAFF OFFICE**

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IRMA ESTRADA  
*Credentials Specialists*

**Moderate / Deep Sedation Privileges**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Department*

**All Staff Must Complete:**

\_\_\_\_\_ I have read and agree to abide by the Moderate / Deep Sedation Protocol of LAC+USC Medical Center.

**Request for privileges:**

\_\_\_\_\_ I provide or will provide patients with Moderate / Deep Sedation at LAC+USC Medical Center, based on the Moderate / Deep Sedation Protocol.

I have had \_\_\_\_\_ number of years experience in providing Moderate / Deep Sedation to my patients. I am currently competent in providing Moderate / Deep Sedation and have performed \_\_\_\_\_ cases in the past two years.

**Approved**

**Denied**

**Cond.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I do not provide Moderate / Deep Sedation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date