CLEVELAND AMBULATORY SERVICES

DELINEATION OF CLINICAL PRIVILEGES
Allied Health Professionals

Applicant	Date	Approval ☐ Reapproval ☐

The granting, reviewing and changing of allied health professional's privileges will be in accordance with the Medical Staff Bylaws. Assignment of such privileges will be based upon documentation of individual's education, clinical training, demonstrated skills and supervising physician's requests.

Indicate procedures for which you wish to be credentialed. Return this form with your Application.

Procedures	Credentialing Request		Recommendation by Supervising Physician	
	Yes	No	Yes	No

Applicant's Signature	Date

Supervising Physician's Signature	Date

For Administrative Purposes Only

Clinical privileges recommendations approved by Governing Body_____ _____
Facility President Date