Los Angeles County + University of Southern California Medical Center Attending Staff

ASA 118-A REQUEST FOR NEW PRIVILEGE, PROCEDURE, TREATMENT

TO BE COMPLETED BY REQUESTING PHYSICIAN (may be typed or clearly handwritten)

1.	Name of the physician Champion:	Date:
2.	Service Chief of the department or appropriate division:	
3.	New privilege to be considered:	
4.	SETTINGS – Note the care setting(s) within the hospital system where this privilege (include one or both hospitals in this description)	e can be performed
5.	DESCRIPTION - Describe the procedure or treatment, including the indications and	contraindications
	, 	
6.	NEW MEDICATION – List of new medications, if any, or circle N/A	
7.	SPECIAL EQUIPMENT - List any new equipment required, or circle N/A	
8.	ADDITIONAL RESOURCES - List any training required for hospital staff, or circle N/A	A
9.	HOSPITAL STAFF – List any training required for hospital staff, or circle N/A	
10.	OUTCOME DATA - Describe any results, complications and/or other pertinent information relevant scientific literature, with citations or attachments as appropriate.	rmation reported in

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	Includes:	Hands on training	Didactic course		
	meraues.	Proctoring	Special certification		
		Board certification	Demonstration of previous performance		
			(supervised, numbers performed, outcome)		
 12.	PREVIOUS EXPERIENCE - List any previous organization/s where you had this privilege				
	Name/Mailing Address/Contact Phone Number:				
L 3 .	PROCTORING – Describe proposed proctoring or required proctoring to verify competence once practitioners are granted privileges to perform the new procedure or treatment; e.g., number of cases to be observed, retrospective review, etc. – please specify).				
		APPOINTMENT – Describer any requirements for privileging at reappointment that should be nsidered; e.g., minimum number to maintain competence over the past two years, CME, other.			
. 4.	considered				

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TO BE COMPLETED BY ADMINISTRATION, NURSING OR OTHER SUPPORTIVE STAFF AREAS

1.	Can this privilege be performed within the scope of services provided by the organization? YES NO				
2.	Does the organization have or commit to the equipment and supplies necessary to support the privileges? YES NO				
3.	Does the organization have or commit to the appropriate # of qualified staff to support privilege? YES NO				
4.	Have the cost benefit analysis been completed and/or necessary financial resources been committed to support this privilege? YES NO				
5.	. Is administration aware of proposed privilege/service and supportive of implementation? YES NO				
	Date service is expected to be implemented:				
	Any of the above answers is "NO" please explain below				
TO BE	E COMPLETED BY MEDICAL STAFF DEPARTMENT CHAIR				
Determination:					
	Considered part of existing privilege not necessary to add to privilege listing.				
	If checked, part of what existing privilege:				
	GENERAL privilege to be added to "Basic" privilege list which does not require additional training/education.				
	SPECIAL privilege (to be added as "Special Privilege" with defined criteria				
	defined aboveand/or the following:				

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Check one:	
I have reviewed all of the information for this privilege requirements necessary, agree with the requirements stated with/without add defined below and recommended approval of the privilege requested.	•
I have reviewed all of the information for this privilege requirements necessary, reviewed the requirements stated and DO NOT recommendation:	•
SIGNATURE DATE:	
Credentials/Privileging Committee Action: Date:	
Medical Executive Committee Action: Date:	
Governing Body Action: Date:	
Attending Staff Office Action Date:	
Incorporated into privilege listing: Date:	
Notified appropriate parties of action: Date:	

Revision:

October 2, 2015; May 4, 2022

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