Recredentialing in Pediatric Moderate Sedation for Specific Procedures and Sedatives

I, ___________________________, request to maintain privileges in conducting pediatric moderate sedation for the following procedures and sedative medications:

Procedures:
1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________

Sedatives:
1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________

My signature attests to having conducted 20 sedations for the above procedures in the past two years.

_______________________________
Faculty Signature

_______________________________
Division Head /Chairman Signature