

Name of the Applicant: \_\_\_\_\_

| <b>Anaesthesiology</b>  | <b>Privileges Applied by Applicant</b> | <b>Privileges Granted by CUHKMC</b> |
|---|--|-------------------------------------|
| <b>(A) Core Privileges</b>  |  |                                     |
| 1. Endotracheal Intubation  | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 2. Central Venous Line Placement  | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 3. Chest Tube Insertion   | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 4. Spinal Anaesthesia   | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 5. Administration of General Anaesthesia  | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 6. Administration of Regional Anaesthesia   | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 7. Acute Pain Management (including Caudal, Interscalene, Epidural or Intrathecal Injections) | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 8. Ventilator Management  | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 9. Arterial Line Placement  | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 10. Sedation for procedures   | <input type="checkbox"/>               | <input type="checkbox"/>            |
| <b>(B) Special Privileges</b>   |  |                                     |
| 11. Percutaneous tracheostomy   | <input type="checkbox"/>               | <input type="checkbox"/>            |
| 12. Paediatric Anaesthesia  | <input type="checkbox"/>               | <input type="checkbox"/>            |
| <b>(C) Others (Please specify)</b>  |  |                                     |
| _____   | <input type="checkbox"/>               | <input type="checkbox"/>            |
| _____   | <input type="checkbox"/>               | <input type="checkbox"/>            |

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**For Official Use only**

Approved by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_