



# Temporary Privilege Request

Please note, Clinton Regional Hospital will only grant temporary privileges for the following circumstance, as set forth in the Medical Staff Bylaws.

The Chief Executive Officer, or the designee, in consultation with the Chief of Staff and the chairman of the department concerned, shall have the authority to grant temporary privileges to a physician or other licensed independent practitioner under the following circumstances.

Pending application where the full application is completed and fully verified ready for MEC & Board review and recommendation. Temporary privileges may be granted when there is an important patient care, treatment, or service need that mandates an immediate authorization to practice, for a limited period of time. In this circumstance, the CEO or designee, upon recommendation from the Chief of Staff may grant such privileges upon establishment of current competence for the privileges requested, completion of the appropriate application, consent, and release, proof of current licensure or registration, that the practitioner has not been subject to involuntary limitation, reduction, denial or losses of clinical privileges at another facility. Privileges may be granted for no more than one hundred and twenty (120) days of service.

No pending application. A practitioner may request privileges for thirty (30) days. The provider must submit a written request for specific privileges, evidence of current competence to perform them, a photograph, proof of malpractice insurance, consent and release, copies of practitioner's license to practice medicine, and DEA certificate. Temporary privileges may be granted when there is an important patient care, treatment, or service need that mandates an immediate authorization to practice, for a limited period of time. In this circumstance, the CEO or designee, upon recommendation of the Chief of Staff may grant such privileges upon establishment of qualifications. The thirty (30) days may be extended no longer than one hundred and twenty (120) days at thirty-day (30) intervals. The Data Bank query must be completed and telephone confirmation of privileges at the practitioner's primary hospital must be obtained prior to any award of temporary privileges.

I hereby request temporary privileges. I agree to be bound by all conditions associated with this request as specified in the medical staff by laws and credentialing policies and procedures.

Privileges Requested: APRN

[Signature], APRN Raisley Trevino, APRN 02/14/2025  
Signature of applicant and Printed Name Date

Privileges Effective Date: 3-20-25 through 6-1-2025

Chief of Staff \_\_\_\_\_ Date \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_ Date \_\_\_\_\_