

Physician Credentialing in Pediatric Moderate Sedation for Specific Procedures and Sedatives

I, _____, request to be credentialed in *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 40 sedations for the above procedures in the past four years.

Faculty Signature

Division Head /Chairman Signature