



Name of the Applicant: _____

Anaesthesiology		No. of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges		/		
1.	Endotracheal Intubation			
2.	Central Venous Line Placement			
3.	Chest Tube Insertion			
4.	Spinal Anaesthesia			
5.	Administration of General Anaesthesia			
6.	Administration of Regional Anaesthesia			
7.	Acute Pain Management (including Caudal, Interscalene, Epidural or Intrathecal Injections)			
8.	Ventilator Management			
9.	Arterial Line Placement			
10.	Sedation for procedures			
(B) Special Privileges				
11.	Paediatric Anaesthesia (please provide no. of procedures performed in the right column)			
(C) Others (Please specify, and provide no. of procedures performed in the right column)				

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20250225)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____