



## Action on Request for Privileges

PRIVILEGED AND CONFIDENTIAL: Proceedings and Records of the Professional Review Committee

Name of Applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Licensure or Certification: \_\_\_\_\_

### HealthPOiNT Credentialing Coordinator

- All requested information has been received and verified.
  - No issues raised. No reasons identified to deny granting privileges.
  - Issues raised, but resolved. No reasons identified to deny granting privileges.
  - Issues raised. Reasons identified to deny granting privileges.

\_\_\_\_\_  
 Signature of HealthPOiNT Credentialing Coordinator Date

### Professional Review Committee

- Application and supporting documents have been reviewed and validated.
  - Recommend privileges as requested.
  - Recommend privileges as modified (attach modifications).
  - Recommend privileges as requested be denied.

If recommendation for modification or denial, state reason(s): \_\_\_\_\_

\_\_\_\_\_  
 Signature of Dr. Adil Nicolwala - Committee Chairperson (Medical Director) Date

### HealthPOiNT CEO of Health Services

- Application and supporting documents reviewed.
  - Recommend privileges as requested.
  - Recommend privileges as modified (attach modifications).
  - Recommend privileges as requested be denied.

If recommendation for modification or denial, state reason(s): \_\_\_\_\_

\_\_\_\_\_  
 Signature of HealthPOiNT CEO of Health Services Date

### HealthPOiNT Governing Board

- Application and supporting recommendations reviewed.
  - Privileges as requested are granted.
  - Privileges as modified are granted (attach modifications).
  - Privileges as requested are denied.

If recommendation for modification or denial, state reason(s): \_\_\_\_\_

\_\_\_\_\_  
 Signature of HealthPOiNT Governing Board President Date