

**Addendum to Delineation of Privileges at Reappointment**

*I have reviewed my current delineation of privileges as approved in the Department of Surgery / Medicine.*

*I am requesting reappointment:*

**without any changes**

**with the following change(s):**

➤ **Increase in Privileges:**

*New /Additional Procedure(s) Requested:*

---

---

---

➤ **Decrease in Privileges:**

*Procedure(s) to be discontinued:*

---

---

---

*I certify that I am competent and qualified to perform each privilege requested.*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Requesting Practitioner**