

Sedation Credentials Checklist

Name: _____

PROFICIENCY OF AIRWAY MANAGEMENT

- Identification of obstructed airway or inadequate ventilation
- Proficiency with facemask and positive pressure ventilation. Training includes either:
 - A. Appropriately supervised experience in managing the airways of patients
Please indicate number of patients _____
 - and/or**
 - B. Qualified instruction on an airway simulator

Signature of trainer: _____

LICENSURE

- Current active, unrestricted medical, osteopathic, dental or podiatric license in the state, district or territory of practice
- Current unrestricted Drug Enforcement Administration (DEA) registration (schedules II-V)
- Prior disciplinary action (final judgments) against any medical, osteopathic or podiatric license by any state, district or territory of practice and of any sanctions by any federal agency, including Medicare/Medicaid, in the last 5 years. Attach narrative of proceedings.
- National Practitioner Data Bank (NPDB) query

RENEWAL OF PRIVILEGES

- National Practitioner Data Bank (NPDB) query and take appropriate action regarding any Adverse Action Reports
- Review of practitioner's performance
 1. Number of procedures: _____
 2. Number of adverse events: _____
 3. List of adverse events: _____
- Peer review of at least 3 cases
- Sedation-related CMEs list:
 1. _____
 2. _____
 3. _____