

**LAKWOOD REGIONAL MEDICAL CENTER
REGISTERED NURSE PRACTITIONER**

Statement of Sponsoring Physician

RNP: _____

Pursuant to the guidelines of Lakewood Regional Medical Center, the application for Registered Nurse Practitioner privileges must include the following statement signed by each of the NP's sponsoring physicians:

I hereby accept full legal and ethical responsibility for the performance of all medical services provided by the above noted RNP who is under my supervision.

I have reviewed and am familiar with the guidelines for initiating and providing the medical aspects of care approved by the Anesthesia Department.

Signed: _____

Please print name: _____

Date: _____