

**LAKWOOD REGIONAL MEDICAL CENTER  
RN FIRST ASSISTANT**

**Statement of Sponsoring Physician**

**RNFA:** \_\_\_\_\_

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

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

Signed: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_