LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
☐	☐	☐	☐	Pediatric: Birth - 25 Years (Fairgrounds Surgical Center, LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,4,5,6,7,8)
☐	☐	☐	☐	History and Physical (1,2,3,4,5,6,7,8)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,4,5,6,7,8)

R	G	C	N	SURGICAL APPROACHES
☐	☐	☐	☐	daVinci STM Robotic System-Assisted Multi-Port Laparoscopic Procedure* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	daVinci STM Robotic System-Assisted Single-Site Laparoscopic Procedure* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Median Sternotomy (1,2,7)
☐	☐	☐	☐	Mediastinoscopy (1,2,7)
☐	☐	☐	☐	Mediastinotomy (Chamberlain Procedure) (1,2,7)
☐	☐	☐	☐	Direct Thoracoscopy (1,2,7)
☐	☐	☐	☐	Video-Assisted Thoracoscopy (1,2,7)
☐	☐	☐	☐	Thoracotomy (1,2,7)

R	G	C	N	GENERAL THORACIC SURGICAL PROCEDURES - Endoscopic
☐	☐	☐	☐	Bronchoscopy, Flexible (1,2,7)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

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R	G	C	N	GENERAL THORACIC SURGICAL PROCEDURES - Endoscopic
☐	☐	☐	☐	Bronchoscopy, Navigational* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Bronchoscopy, Rigid
☐	☐	☐	☐	Endo-Bronchial Biopsy (1,2,7)
☐	☐	☐	☐	Endo-Bronchial Cryoblation (1,2)
☐	☐	☐	☐	Endo-Bronchial Laser Ablation* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endo-Bronchial Removal Foreign Body (1,2,7)
☐	☐	☐	☐	Endo-Bronchial Stent Placement* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endo-Bronchial Ultrasound* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endo-Bronchial Valve Replacement (1,2)
☐	☐	☐	☐	Esophageal Dilation with Balloon or over Wire (1,2,7)
☐	☐	☐	☐	Esophageal Stent Placement* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Percutaneous Endoscopic Gastrostomy (PEG) (1,2,7,8)
☐	☐	☐	☐	Trans-Bronchial Biopsy (1,2,7)
☐	☐	☐	☐	Upper Endoscopic Excision of Tumor (1,2,7)
☐	☐	☐	☐	Upper Endoscopic Removal of Foreign Body (1,2,7)
☐	☐	☐	☐	Upper Endoscopic Ultrasound (1,2)
☐	☐	☐	☐	Upper Endoscopy (EGD), Flexible (1,2,7,8)
☐	☐	☐	☐	Upper Endoscopy, Rigid (1,2,7)
☐	☐	☐	☐	Upper Endoscopy with Botox Therapy (1,2)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

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R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	GENERAL THORACIC SURGICAL PROCEDURES - Esophageal
☐	☐	☐	☐	Diagnostic Laparoscopy for Staging (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Esophageal Diverticulum Surgery (1,2,7)
☐	☐	☐	☐	Esophagectomy, Minimally Invasive (1,2,7)
☐	☐	☐	☐	Esophagectomy, Thoracotomy (1,2,7)
☐	☐	☐	☐	Esophagectomy, Transhiatal (1,2,7)
☐	☐	☐	☐	Feeding Jejunostomy (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Gastro-Esophageal Reflux Surgery (1,2,7)
☐	☐	☐	☐	Heller Myotomy (1,2,7)
☐	☐	☐	☐	Hiatal Hernia Surgery (1,2,7)
☐	☐	☐	☐	Liver Biopsy (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Omentectomy (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Open Gastrostomy (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Partial or Total Gastrectomy (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Partial Thyroidectomy (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Pyloromyotomy/Pyloroplasty (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Repair of Esophageal Perforation or Injury (1,2,7)
☐	☐	☐	☐	Small and Large Bowel Resection (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Splenectomy (for management of esophageal cancer patients) (1,2,7)
☐	☐	☐	☐	Unilateral Neck Dissection (for management of esophageal cancer patients) (1,2,7)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	**GENERAL THORACIC SURGICAL PROCEDURES - Mediastinal**
☐	☐	☐	☐	Lymph Node Biopsy, Scalene, Axillary or Similar (1,2,7,8)
☐	☐	☐	☐	Mediastinal Lymph Node Biopsy or Excision (1,2,7)
☐	☐	☐	☐	Mediastinal Tumor Excision (1,2,7)
☐	☐	☐	☐	Resection Substernal Goiter (1,2,7)
☐	☐	☐	☐	Thymectomy (1,2,7)

R	G	C	N	**GENERAL THORACIC SURGICAL PROCEDURES - Pulmonary**
☐	☐	☐	☐	Chest Wall Reconstruction (1,2,7)
☐	☐	☐	☐	Decortication for Empyema or Tumor (1,2,7)
☐	☐	☐	☐	Diaphragm Plication Procedure (1,2,7)
☐	☐	☐	☐	Excision of Chest Wall Mass (1,2,7,8)
☐	☐	☐	☐	Lung Biopsy (1,2,7)
☐	☐	☐	☐	Lung, Chemical Pleurodesis (1,2,7)
☐	☐	☐	☐	Lung, Lobectomy (1,2,7)
☐	☐	☐	☐	Lung, Bi-Lobectomy (1,2,7)
☐	☐	☐	☐	Lung, Pneumonectomy (1,2,7)
☐	☐	☐	☐	Lung, Radio-Frequency Ablation of Tumor* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Lung, Repair of Traumatic Injury (1,2,7)
☐	☐	☐	☐	Lung, Volume Reduction Surgery (1,2,7)
☐	☐	☐	☐	Lung, Carinal Resection (1,2,7)
☐	☐	☐	☐	Lung, Pancoast Tumor Resection (1,2,7)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	GENERAL THORACIC SURGICAL PROCEDURES - Pulmonary
☐	☐	☐	☐	Lung, Segmental Resection (1,2,7)
☐	☐	☐	☐	Lung, Sleeve Resection (1,2,7)
☐	☐	☐	☐	Lung, Wedge Resection (1,2,7)
☐	☐	☐	☐	Mechanical Abrasion of Pleura (1,2,7)
☐	☐	☐	☐	Muscle Flap Chest Reconstruction (1,2,7)
☐	☐	☐	☐	Pleurectomy (1,2,7)
☐	☐	☐	☐	Repair of Chest Wall Deformities (e.g., Pectus) (1,2,7)
☐	☐	☐	☐	Repair of Diaphragmatic Hernia (1,2,7)
☐	☐	☐	☐	Rib Resection (1,2,7)
☐	☐	☐	☐	Sternal Wound Debridement (1,2,7)
☐	☐	☐	☐	Thoracic Duct Ligation (1,2,7)
☐	☐	☐	☐	Thoracosplasty (1,2,7)

R	G	C	N	GENERAL THORACIC SURGICAL PROCEDURES - Thoracic Outlet and Hydrosis
☐	☐	☐	☐	Sympathectomy (1,2,7)
☐	☐	☐	☐	Thoracic Outlet, First Rib Resection (1,2,7)

R	G	C	N	GENERAL THORACIC SURGICAL PROCEDURES - Tracheal
☐	☐	☐	☐	Repair of Tracheal Injury (1,2,7)
☐	☐	☐	☐	Tracheal Resection for Tumor, Stenosis or Injury (1,2,7)
☐	☐	☐	☐	Tracheostomy, Open (1,2,7)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

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R	G	C	N	**GENERAL THORACIC SURGICAL PROCEDURES - Tracheal**
☐	☐	☐	☐	Tracheostomy, Percutaneous (1,2,7)
☐	☐	☐	☐	Tracheostomy, Emergency Cricothyroid (1,2,7)

R	G	C	N	**CARDIAC SURGERY PROCEDURES - Aortic Artery Surgery**
☐	☐	☐	☐	Ascending Aortic Graft with Aortic Valve Replacement using Composite Prosthesis and Coronary Reconstruction (Bentall Procedure) (1,2)
☐	☐	☐	☐	Ascending Aortic Graft with Cardiopulmonary Bypass (CPB) (Heart-Lung Machine) (1,2)
☐	☐	☐	☐	Ascending Aortic Graft with Valve Suspension, with Coronary Reconstruction and Valve-Sparing Aortic Annulus Remodeling (e.g., David Procedure, Yacoub Procedure) (1,2)
☐	☐	☐	☐	Descending Thoracic Aortic Graft with or without Cardiopulmonary Bypass (1,2)
☐	☐	☐	☐	Endovascular Aortic Repair (EVAR) (1,7)
☐	☐	☐	☐	Intravascular Ultrasound (IVUS) (1,2)
☐	☐	☐	☐	Repair of Blunt or Penetrating Injuries of the Aorta or Great Vessels (1,2,7)
☐	☐	☐	☐	Repair of Thoracoabdominal Aortic Aneurysm with Graft with or without Cardiopulmonary Bypass (1,2)
☐	☐	☐	☐	Repair of Traumatic Aortic Transection with or without Cardiopulmonary Bypass (1,2,7)
☐	☐	☐	☐	Repair of Type A or B Aortic Dissection (1,2,7)
☐	☐	☐	☐	Thoracic Endovascular Aortic Repair (TEVAR)* (1,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Transverse Aortic Arch Graft with Cardiopulmonary Bypass, Deep Hypothermia, and Circulatory Arrest (1,2)

R	G	C	N	**CARDIAC SURGERY PROCEDURES - Cardiac Trauma**
☐	☐	☐	☐	Insertion of Graft to Aorta or Great Vessels (1,2)
☐	☐	☐	☐	Removal of Cardiac Foreign Body (1,2)
☐	☐	☐	☐	Repair of Cardiac Wound (1,2)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

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Name_____ **Effective from** ___/___/___ **to** ___/___/___

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R	G	C	N	**CARDIAC SURGERY PROCEDURES - Cardiac Trauma**
☐	☐	☐	☐	Suture Repair of Aorta or Great Vessels (1,2)

R	G	C	N	**CARDIAC SURGERY PROCEDURES - Cardiac Tumor Surgery**
☐	☐	☐	☐	Intra-Cardiac Tumor Excision (1,2)

R	G	C	N	**CARDIAC SURGERY PROCEDURES - Circulatory Support**
☐	☐	☐	☐	Cardiopulmonary Bypass (Heart-Lung Machine) (1,2)
☐	☐	☐	☐	Durable Ventricular Assist Device (VAD) Implant* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Extracorporeal Membrane Oxygenator (ECMO) (1,2)
☐	☐	☐	☐	Intra-Aortic Balloon Pump Insertion (1,2)
☐	☐	☐	☐	Percutaneous Ventricular Assist Device (1,2)
☐	☐	☐	☐	Ventricular Assist Device (LVAD, RVAD, BIVAD) (1)

R	G	C	N	**CARDIAC SURGERY PROCEDURES - Congenital Heart**
☐	☐	☐	☐	Adult Congenital Heart Repair (1,2)
☐	☐	☐	☐	Atrial Septal Defect Repair (1,2)
☐	☐	☐	☐	Coarctation of Aorta Repair (1,2)
☐	☐	☐	☐	Patent Ductus Arteriosus Ligation or Repair (1,2)
☐	☐	☐	☐	Ventricular Septal Defect Repair (1,2)

R	G	C	N	**CARDIAC SURGERY PROCEDURES - Coronary Artery**
☐	☐	☐	☐	Coronary Artery Bypass Surgery with Cardiopulmonary Bypass (Heart-Lung Machine) (1,2)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

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R	G	C	N	CARDIAC SURGERY PROCEDURES - Coronary Artery
☐	☐	☐	☐	Coronary Endarterectomy (1,2)
☐	☐	☐	☐	Endoscopic Vein Harvest (1,2)
☐	☐	☐	☐	Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCAB)* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Off-Pump Coronary Artery Bypass (OPCAB) (1,2)
☐	☐	☐	☐	Port-Access Minimally Invasive Coronary Artery Bypass Grafting (PACAB)* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Radial Artery Harvest (1,2)
☐	☐	☐	☐	Repair of Anomalous Coronary Artery from Pulmonary Artery Origin (1,2)
☐	☐	☐	☐	Repair of Coronary Arteriovenous Fistula (1,2)
☐	☐	☐	☐	Repair of Coronary Artery Aneurysm (1,2)
☐	☐	☐	☐	Repair of Post-Infarction Myocardial Rupture (1,2)
☐	☐	☐	☐	Repair of Post-Infarction Ventricular Aneurysm (1,2)
☐	☐	☐	☐	Repair of Post-Infarction Ventricular Septal Defect (1,2)
☐	☐	☐	☐	Transmyocardial Laser Revascularization* (1,2) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	CARDIAC SURGERY PROCEDURES - Electrophysiology
☐	☐	☐	☐	Conventional Cox-MAZE III Procedure (1,2)
☐	☐	☐	☐	Convergent Therapy Atrial Fibrillation Ablation* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Minimally Invasive MAZE Procedure* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Radio-Frequency MAZE Procedure (1,2)
☐	☐	☐	☐	Epicardial Pacemaker Lead Placement (1,2,7)
☐	☐	☐	☐	Implantable Cardioverter-Defibrillator (1,2,7)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

Initial ☐ **Renewed** ☐

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R	G	C	N	**CARDIAC SURGERY PROCEDURES - Electrophysiology**
☐	☐	☐	☐	Laser Lead Extraction* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Permanent Pacemaker Insertion (1,2,7)
☐	☐	☐	☐	Temporary Trans-Cutaneous Pacing (1,2,7)

R	G	C	N	**CARDIAC SURGERY PROCEDURES - Heart Valve Surgery**
☐	☐	☐	☐	Aortic Root Replacement/Reconstruction (1,2)
☐	☐	☐	☐	Aortic Annulus Enlargement (1,2)
☐	☐	☐	☐	Aortic Valve Repair (1,2)
☐	☐	☐	☐	Aortic Valve Replacement (1,2)
☐	☐	☐	☐	Aortic Valvuloplasty (1,2)
☐	☐	☐	☐	Aortoplasty for Supravalvular Stenosis (1,2)
☐	☐	☐	☐	Construction of Apical-Aortic Conduit (1,2)
☐	☐	☐	☐	Homograft Valve Replacement (1,2)
☐	☐	☐	☐	Mitral Valve Repair (1,2)
☐	☐	☐	☐	Mitral Valve Replacement (1,2)
☐	☐	☐	☐	Mitral Valvuloplasty (1,2)
☐	☐	☐	☐	Myectomy for Hypertrophic Cardiomyopathy (1,2)
☐	☐	☐	☐	Port-Access Minimally Invasive Valve Surgery* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Pulmonary Valve Repair (1,2)
☐	☐	☐	☐	Pulmonary Valve Replacement (1,2)
☐	☐	☐	☐	Pulmonary Valvuloplasty (1,2)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	CARDIAC SURGERY PROCEDURES - Heart Valve Surgery
☐	☐	☐	☐	Repair of Prosthetic Valve Dysfunction (1,2)
☐	☐	☐	☐	Resection of Sub-Aortic Valvular Membrane (1,2)
☐	☐	☐	☐	Ross Procedure (1,2)
☐	☐	☐	☐	Trans-Catheter Aortic Valve Replacement (TAVR)* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Trans-Catheter Valve Replacement (1,2)
☐	☐	☐	☐	Tricuspid Valvectomy (1,2)
☐	☐	☐	☐	Tricuspid Valve Repair (1,2)
☐	☐	☐	☐	Tricuspid Valve Replacement (1,2)
☐	☐	☐	☐	Tricuspid Valve Repositioning (Ebstein's Anomaly) (1,2)
☐	☐	☐	☐	Valve Sparing Aortic Root Reconstruction (1,2)

R	G	C	N	CARDIAC SURGERY PROCEDURES - Pericardial
☐	☐	☐	☐	Creation of Pericardial Window for Drainage (1,2,7)
☐	☐	☐	☐	Excision of Pericardial Tumor or Cysts (1,2)
☐	☐	☐	☐	Pericardiectomy (1,2)

R	G	C	N	CARDIAC SURGERY PROCEDURES - Pulmonary Artery Surgery
☐	☐	☐	☐	Pulmonary Thromboembolectomy (1,2)
☐	☐	☐	☐	Pulmonary Thromboendarterectomy (1,2)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	OTHER
☐	☐	☐	☐	Cardiopulmonary Resuscitation, Closed (1,2,7)
☐	☐	☐	☐	Cardiopulmonary Resuscitation, Open (1,2,7)
☐	☐	☐	☐	Central Line Insertion (1,2,7)
☐	☐	☐	☐	Chest Drain Insertion (Pleur-X, Pigtail or Similar) (1,2,7)
☐	☐	☐	☐	Chest Tube Insertion (1,2,7,8)
☐	☐	☐	☐	Dialysis Line Insertion (1,2,7,8)
☐	☐	☐	☐	Electrical Cardioversion (1,2,7)
☐	☐	☐	☐	Endotracheal Intubation (1,2,7,8)
☐	☐	☐	☐	Fluoroscopy Privileges* (1,2,3,4,5,6,7,8) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Implantable Venous Access Port (1,2,7,8)
☐	☐	☐	☐	Moderate Sedation - Adult* (13 years or older) *** (1,2,3,4,5,6,7,8) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Pericardiocentesis (1,2,7)
☐	☐	☐	☐	Radiofrequency Ablation of Neoplasms* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Swan-Ganz Catheter Insertion (1,2,7)
☐	☐	☐	☐	Thoracentesis (1,2,7,8)
☐	☐	☐	☐	Tunneled Intravenous Catheter Insertion (1,2,7,8)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN CARDIOTHORACIC SURGERY

Name_____

Privileges by Location:

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
4 – Fairgrounds Surgical Center
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 – LVH-Schuylkill East Norwegian
11 – LVH-Schuylkill South Jackson
12 - LVH-Schuylkill Surgery Center

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA CARDIOTHORACIC SURGERY

Name_____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:_____Date:_____/_____/_____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY) _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date