

Please complete this document and attach to your NHSF Application for Privileges in you are applying for Retrobulbar Block (RB) approval.

Applicant Last Name: _____ Given/First Names: _____

CPSA Registration Number: _____

Facility Name: _____ Medical Director: _____

1. Have you just completed your residency and/or fellowship within the past year? Yes No

AND/OR

Have you been practicing less than 1 year? Yes No

If yes, please provide two reference letters attesting to your skill and judgment to perform Retrobulbar Blocks.

If no, please complete the remaining questions.

2. How many years have you been in clinical practice? _____
3. How many years have you been doing RBs? _____
4. How many RBs have you done in the last year? _____
5. How many years has it been since you last did one? _____
6. How many have you done (approximately) in your career? _____