Atrium Health Endoscopy Center

Delineation of Practice – ***Gastroenterology***

Physician

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

PRIVILEGES:	**Requested by Physician**	**Not Requested**
Flexible Sigmoidoscopy with and without biopsy		
Esophagogastroduodenoscopy with and without biopsy		
Therapeutic EGD with Sclerotherapy/band ligation		
Therapeutic EGD with injection therapy		
EGD, flexible with control of bleeding		
EGD, flexible with EMR (endoscopic mucosal resection)		
Esophageal dilatation, simple& complex		
Enteroscopy		
Colonoscopy, flexible with biopsy		
Colonoscopy with and without polypectomy		
Colonoscopy, flexible proximal to splenic flexure with ablation of tumor		
Colonoscopy, flexible to splenic flexure with control of bleeding		
Colonoscopy, flexible to splenic flexure with removal of foreign body		
Colonoscopy, flexible to splenic flexure with removal of tumors		
Colonoscopy through Stoma		
Colonoscopy, flexible to splenic flexure with EMR (endoscopic mucosal resection)		
Administration of Conscious Sedation (submit current ACLS card)		
Local/Topical Anesthesia		
Direct Supervision of Administration of Anesthesia by CRNA's & RN's		

I have requested only those privileges for which my education, training, current experience, and demonstrated performance I am qualified to perform, and I that I wish to exercise at Atrium Health Endoscopy Center(s), and

I understand that:

a) In exercising any clinical privileges granted, I am constrained by the Gastroenterology Center and medical staff policies and rules applicable generally and any applicable to the particular situation.

b) Any restrictions on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical bylaws or related documents.

Date: _____ Applicant's Name (print): _____

Applicant's Signature: _____

Group Name (if applicable): _____