

**ATRIUM HEALTH SURGERY CENTER SHELBY  
 DELINEATION OF CLINICAL PRIVILEGES  
 Colorectal**

Applicant's Signature:	Date
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Printed Name: \_\_\_\_\_

The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you **do** and **do not** wish to be credentialed. Return this form with your Application.

<b>Procedures</b>	<b>Credentialing Request</b>	
	<b>Yes</b>	<b>No</b>
Excision anal tag		
Fistulectomy		
Fulguration condylomata acuminata		
Hemorrhoidectomy		
Incision and drainage of abscess		
Pilonidal cystectomy		
Rectal polyps		
Sigmoidoscopy (disposable)		
Sigmoidoscopy (flexible)		
Spincterotomy		
Conscious sedation		