

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

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>
Cyst excision		
Dermabrasion		
Intravenous Conscious Sedation		
Basal cell excision		
Tattoo excision		
Scar revision		
Nevus excision		
Lesion excision		
Mass excision		
Incision and drainage		
Skin graft		