

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

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.

Procedures	Credentialing Request	
	Yes	No
EGD and biopsy, brushings, etc.		
EGD with foreign body removal		
Esophageal dilation - Maloney		
Esophageal dilation - Savory		
EGD with sclerotherapy		
Therapeutic endoscopy		
Small bowel biopsy		
Percutaneous endoscopic gastrostomy		
Colonoscopy		
Colonoscopy with polypectomy and/or biopsy		
Colonoscopy for foreign body removal		
Therapeutic colonoscopy		
Sigmoidoscopy with biopsy and/or brushing		
Sigmoidoscopy with polypectomy		
Therapeutic sigmoidoscopy		
Moderate Sedation		
Supervision of RN administering moderate sedation		
Interpretation of x-rays taken within the facility		
ECG Interpretation		