



# Atrium Health

## IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH  
GASTROENTEROLOGY  
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS  
DELINEATION OF PRIVILEGES**

Print Name \_\_\_\_\_

	YES	NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
--	-----	-----	---

**\*If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

**Initial appointment**     **Reappointment**     **Updated DOP**     **Request for Clinical Privileges**

To be eligible for core privileges in Gastroenterology (**CGAS-1**), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Gastroenterology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
  1. Provide documentation of successful completion of an ACGME or AOA accredited Gastroenterology fellowship training program, within the past five (5) years; **AND**
  2. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
  
- If the applicant is currently subspecialty certified in Gastroenterology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of subspecialty certification in Gastroenterology from the American Board of Internal Medicine or by the American Osteopathic Association (AOA); **AND**
  2. Documentation of inpatient or consultative services for at least forty-eight (48) patients during the past two (2) years.

---

Print Name

**To be eligible for core privileges in Pediatric Gastroenterology (CGAS-2), the applicant must meet the following qualifications:**

- If the applicant is not currently subspecialty certified in Pediatric Gastroenterology by the American Board of Pediatrics (ABP), the applicant must:
  1. Provide documentation of successful completion of an ACGME accredited Pediatric Gastroenterology Fellowship Training Program in within the past five (5) years; **AND**
  2. Verification from the Fellowship Program Director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
- If the applicant is currently subspecialty certified in Pediatric Gastroenterology by the American Board of Pediatrics (ABP), the applicant must:
  1. Provide documentation of subspecialty certification in Pediatric Gastroenterology from the American Board of Pediatrics or by the American Osteopathic Association (AOA); **AND**
  2. Documentation of pediatric inpatient or consultative services for at least forty-eight (48) patients during the past two (2) years.

**To be eligible for core privileges in Transplant Hepatology (CGAS-4), the applicant must meet the following qualifications:**

- If the applicant is not currently subspecialty certified in Transplant Hepatology by the American Board of Medical Specialties (ABMS) the applicant must:
  1. Provide documentation of successful completion of an ACGME accredited Transplant Hepatology fellowship training program, within the past five (5) years; **AND**
  2. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
- If the applicant is currently subspecialty certified in Transplant Hepatology by the American Board of Medical Specialties (ABMS) the applicant must:
  1. Provide documentation of subspecialty certification in Transplant Hepatology from the American Board of Internal Medicine; **AND**
  2. Documentation of inpatient or consultative services for at least twenty-four (24) patients during the past two (2) years of which 12 were inpatients or outpatients evaluated for liver transplant and 12 were inpatients or outpatients who were post liver transplant.

Print Name \_\_\_\_\_

NOTE 1: Clinicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Gastroenterology at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		GASTROENTEROLOGY CORE PRIVILEGES	Proctoring Requested
			N/A							CGAS-1	Privileges to diagnose, treat and provide consultation to patients of all ages, except where specifically excluded from practice, with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.	

Gastroenterology Core Privileges include Esophagogastroduodenoscopy (EGD) (a) diagnostic (b) with biopsy (c) with polypectomy, any method (d) with ablation, any method (e) with non-variceal hemostasis, any method (f) with variceal hemostasis, any method (g) with foreign body removal (h) with submucosal injection; Esophageal Dilation (a) Maloney bougie (b) Savary (over a wire) bougie (c) TTS balloon dilation; Gastric Dilation; Duodenal Dilation; Small Bowel Push Enteroscopy; Colonoscopy (a) diagnostic (b) with biopsy (c) with polypectomy, any method (d) with hemostasis, any method (e) with dilation (f) with ablation, any method (g) with foreign body removal (h) with submucosal injection (i) thru ostomy; Percutaneous Endoscopic Gastrostomy and/or Jejunostomy; Flexible Sigmoidoscopy (a) diagnostic (b) with biopsy (c) with polypectomy, any method (d) with dilation (e) with ablation, any method (f) with foreign body removal (g) with submucosal injection (h) with hemostasis, any method; Percutaneous Liver Biopsy; Percutaneous Abdominal Paracentesis (diagnostic and large volume); Esophageal Motility Study (performance and interpretation); 24 hour Esophageal Acid Study and Interpretation (Bravo and/or Catheter); Placement of Sengstaken/Minnesota Tube Intubation; Enteral/Parenteral Alimentation Management; Interpretation of Gastric, Pancreatic and Biliary Secretory Tests; Wireless Capsule Endoscopy; Endoscopic Thermal Therapy; Gastrointestinal Breath Testing Interpretation; Endoscopic Mucosal Resection; Any Endoscopic Procedure with Luminal Stent Placement (excluding ERCP); Esophageal Impedance (performance and interpretation).

**Maintenance Criteria for Continued Privileges in Core Gastroenterology (CGAS-1) Privileges:**

The Clinician must submit minimum of twenty-four (24) representative samples of invasive procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Clinicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name \_\_\_\_\_

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	<b>GASTROENTEROLOGY SPECIAL PRIVILEGES</b> Must apply for and maintain Gastroenterology Core Privileges (CGAS-1)	Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
										Endoscopic Ultrasound with Interpretation				
			N/A							CGAS-1(a)* Diagnostic	150			
			N/A							CGAS-1(b)* With collection of samples, any method	75 OF 150			
	N/A		N/A							CGAS-1(c)* Therapeutic Endoscopic Ultrasound (to include but not limited to celiac plexus neurolysis, EUS guided cystgastrostomy)	30			
	N/A		N/A							CGAS-1(d)* Double Balloon Enteroscopy	5			
			N/A							CGAS-1(e)* Endoscopic Retrograde Cholangiopancreatography (ERCP)	200			
			N/A							CGAS-1(f)* Ampullectomy	5			
			N/A							CGAS-1(g)* Endoscopic Submucosal Dissection	10			
			N/A							CGAS-1(h)* Intragastric Balloon	5			
			N/A							CGAS-1(i)* Barrett's Therapy	10			
	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	CGAS-1(j)* Endobariatric Suturing	5			

Print Name \_\_\_\_\_

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE		<b>PEDIATRIC GASTROENTEROLOGY CORE PRIVILEGES</b>	Proctoring Requested
			N/A							CGAS-2	Privileges to diagnose, treat and provide consultation to infants, children and adolescents with gastrointestinal diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, and gallbladder, and related structures such as the esophagus, and pancreas including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.	

Pediatric Gastroenterology Core Privileges include Esophagogastroduodenoscopy (EGD) (a) diagnostic (b) with biopsy (c) with polypectomy, any method (e) with non-variceal hemostasis, any method (f) with variceal hemostasis, any method (g) with foreign body removal (h) with submucosal injection; Esophageal Dilation (a) Maloney bougie (b) Savary (over a wire) bougie (c) TTS balloon dilation; Gastric Dilation; Duodenal Dilation; Small Bowel Push Enteroscopy; Colonoscopy (a) diagnostic (b) with biopsy (c) with polypectomy, any method (d) with hemostasis, any method (e) with dilation (f) with foreign body removal (g) with submucosal injection (h) thru ostomy; Percutaneous Endoscopic Gastrostomy and/or Jejunostomy; Flexible Sigmoidoscopy (a) diagnostic (b) with biopsy (c) with polypectomy, any method (d) with dilation (e) with foreign body removal (f) with submucosal injection (g) with hemostasis, any method; Percutaneous Liver Biopsy; Percutaneous Abdominal Paracentesis (diagnostic and large volume); 24 hour Esophageal Acid Study and Interpretation (Bravo and/or Catheter); Enteral/Parenteral Alimentation Management; Interpretation of Gastric, Pancreatic and Biliary Secretary Tests; Wireless Capsule Endoscopy; Endoscopic Thermal Therapy; Gastrointestinal Breath Testing Interpretation. Rectal biopsy (suction or punch biopsy) Esophageal Impedance (performance and interpretation); Pediatric Achalasia Dilatation.

**Maintenance Criteria for Continued Privileges in Pediatric Gastroenterology Core (CGAS-2) Privileges:**

The Clinician must submit a minimum of twenty-four (24) representative samples of invasive procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Clinicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name \_\_\_\_\_

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	<b>PEDIATRIC GASTROENTEROLOGY SPECIAL PRIVILEGES</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Must apply for and maintain Pediatric Gastroenterology Core Privileges (CGAS-2)				
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CGAS-2(a)* Pediatric Endoscopic Retrograde Cholangiopancreatography (ERCP)	48 (10 of which are therapeutic)			

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	<b>CORE GASTROENTEROLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY</b>	Proctoring Requested
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CGAS-3 Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.	

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE		TRANSPLANT HEPATOLOGY CORE PRIVILEGES	Proctoring Requested
			N/A		N/A				N/A	CGAS-4	Privileges to diagnose, treat and provide consultation to patients of all ages, except where specifically excluded from practice, with liver dysfunction or end-stage liver disease requiring liver transplant including the participation in the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, pre-, intra-, and immediate postoperative and continuing inpatient care.	

Transplant Hepatology Core Privileges include diagnostic and therapeutic paracentesis; endoscopic assisted feeding tube placement; percutaneous endoscopic jejunostomy; percutaneous liver biopsy in pre and post liver transplant patients.

**Maintenance Criteria for Continued Privileges in Core Transplant Hepatology (CGAS-4) Privileges:**

The Clinician must submit minimum of twenty-four (24) representative samples of invasive procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Clinicians who would like to continue to hold any privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

REFERENCE

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction 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 staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**CGAS-1(a) and CGAS-1(b) ENDOSCOPIC ULTRASOUND WITH INTERPRETATION (a. Diagnostic and b. with collection of samples, any method)**

**SKILLS AND TRAINING REQUIRED:**

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a fellowship program in Gastroenterology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Endoscopic Ultrasound with Interpretation. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
  1. Provide a minimum number of one hundred fifty (150) procedures as primary operator of which seventy-five included collection of samples performed within the past two (2) years; **OR**
  1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to perform Endoscopic Ultrasound with Interpretation. You must provide documentation of proctoring for one hundred fifty (150) procedures.
- 
- 

**CGAS-1(c) THERAPEUTIC ENDOSCOPIC ULTRASOUND**

**SKILLS AND TRAINING REQUIRED:**

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a fellowship program in Gastroenterology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Therapeutic Endoscopic Ultrasound. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
  1. Provide a minimum number of one hundred fifty (150) procedures as primary operator of which seventy-five included collection of samples performed within the past two (2) years. Thirty (30) of these should be Therapeutic EUS cases; **OR**
  1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to perform Therapeutic Endoscopic Ultrasound. You must provide documentation of proctoring for one hundred fifty (150) procedures.
- 
-

#### **CGAS-1(d) DOUBLE BALLOON ENTEROSCOPY**

##### **SKILLS AND TRAINING REQUIRED:**

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a fellowship program in Gastroenterology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Double Balloon Enteroscopy. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
1. Provide a minimum number of five (5) procedures as primary operator performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to perform Double Balloon Enteroscopy. You must provide documentation of proctoring for five (5) procedures.

---

#### **CGAS-1(e) ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)**

##### **SKILLS AND TRAINING REQUIRED:**

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a fellowship program in Gastroenterology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Endoscopic Retrograde Cholangiopancreatography (ERCP). The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
1. Provide a minimum number of two hundred (200) procedures performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to perform Endoscopic Retrograde Cholangiopancreatography (ERCP). You must provide documentation of proctoring for two hundred (200) procedures.

##### **Maintenance Criteria for Continued Privileges in Endoscopic Retrograde Cholangiopancreatography (ERCP):**

The Clinician must perform a minimum of forty-eight (48) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Clinicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

---

### **CGAS-1(g) ENDOSCOPIC SUBMUCOSAL DISSECTION**

#### **SKILLS AND TRAINING NEEDED:**

1. Provide documentation of the successful completion of a fellowship program in Gastroenterology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Endoscopic Submucosal Dissection. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
  1. Provide documentation of the successful completion of a certified Endoscopic Submucosal Dissection training course within the past two (2) years; **OR**
  1. Provide documentation of a minimum number of ten (10) procedures as the performed within the past two (2) years; **OR**
  1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to Endoscopic Submucosal Dissection. You must provide documentation of proctoring for ten (10) procedures.
- 

### **CGAS-1(h)INTRAGASTRIC BALLOON**

**DEFINITION:** An intragastric balloon is a soft yet durable silicone balloon that is designed to assist adult patients with obesity, in losing and maintaining weight. It is intended for adult patients with a BMI of 30 – 40 who have attempted more conservative weight reduction alternatives.

In a non-surgical procedure typically done under a mild sedative, the thin and deflated balloon is placed into the stomach. It is then filled with saline until it's about the size of a grapefruit. The procedure normally takes about 20 – 30 minutes and people can generally go home the same day.

At six months, the balloon is removed in the same way it was placed. Through a non-surgical procedure done under a mild sedative, it is deflated and removed.

#### **SKILLS AND TRAINING NEEDED:**

1. Provide documentation of the successful completion of a fellowship program in Gastroenterology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Intragastric Balloon. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
  1. Provide documentation of the successful completion of an Intragastric Balloon training course within the past two (2) years; **OR**
  1. Provide documentation of a minimum number of five (5) procedures as the performed within the past two (2) years; **OR**
  1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to perform Intragastric Balloon. You must provide documentation of proctoring for five (5) procedures.
-

**CGAS-1(i) BARRETT'S THERAPY**

**SKILLS AND TRAINING REQUIRED:**

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a fellowship program in Gastroenterology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Barrett's Therapy. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
  1. Provide a minimum number of ten (10) procedures performed within the past two (2) years; **OR**
  1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to perform Barrett's Therapy. You must provide documentation of proctoring for ten (10) procedures.
- 
- 

**CGAS-1(j) ENDOBARIATRIC SUTUREING**

Endobariatric suturing encompasses endoscopic sleeve gastropasty (ESG) and transoral outlet reduction (TORe). ESG is a process that uses endoscopically placed, full-thickness, gastric sutures to achieve a reduction in the gastric size in an effort to achieve weight-loss. TORe is the use of the endoscopically placed, full-thickness sutures to reduce the gastric outlet size between the stomach and the small intestine in those who have had prior gastric bypass and who have experienced weight regain.

**SKILLS AND TRAINING REQUIRED:**

Applicants shall present evidence of the following:

1. Provide documentation of the successful completion of a formal, Chief approved course on endobariatric suturing; **AND**
2. Provide a minimum number of five (5) procedures performed in the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a Clinician who currently holds privileges to perform Endobariatric Suturing. You must provide documentation of proctoring for five (5) procedures.

**Maintenance Criteria for Continued Privileges in Endobariatric Suturing (CGAS-1(j)):**

The Clinician must perform a minimum of two (2) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Clinician who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their requests for such privileges and to complete the necessary proctoring forms.

**CGAS-2(a) PEDIATRIC ENDOSCOPIC RETROGRADE CHOLANGLIOPANCREATOGRAPHY (ERCP) DIAGNOSTIC**

**SKILLS AND TRAINING REQUIRED:**

Applicants shall present evidence of the following:

1. Apply for and meet the necessary criteria to be granted privileges for core privileges in Pediatric Gastroenterology (CGAS-2); **AND**
2. Provide documentation of performance as the primary operator of at least forty-eight (48) pediatric procedures of which ten (10) are therapeutic;

**OR**

1. Currently hold privileges to perform core privileges in Pediatric Gastroenterology at a Carolinas HealthCare System facility; **AND**
2. Provide documentation to include course description, copy of course certificate, and the name and address of the practitioner responsible for your training; **AND**
3. Provide documentation of performance as the primary operator of at least forty-eight (48) pediatric procedures of which ten (10) are therapeutic.

**Maintenance Criteria for Continued Privileges in Pediatric Endoscopic Retrograde Cholangiopancreatography (ERPC) Diagnostic:**

The Clinician must perform a minimum of twenty (20) pediatric procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Clinicians who would like to continue to hold privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

---

CASE LOG

Clinician's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CGAS-1(a))
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
			TOTAL	