CARLSBAD MEDICAL CENTER
APPLICATION FOR CLINICAL PRIVILEGES
DEPARTMENT OF MEDICINE: GASTROENTEROLOGY

NAME: ______________________________ DATE:________

Life threatening emergency: At the time of a clinical emergency, any practitioner may render whatever care he/she believes to be indicated.

Requirements for all procedure categories:

New applicants:
Letter from director of training program documenting satisfactory proficiency in requested privileges according to Guidelines established by American Society for Gastrointestinal Endoscopy (ASGE)*.

Previous staff:
"Grandfather" for any old requests but for newly requested privileges:

1. Documentation of course and training
2. Proctored exams. Five to 25 at discretion of proctor (from current gastroenterology staff)

Illness or problem requiring an unusual degree of expertise or competence in techniques requiring special skills, usually acquired only with experience or subspecialty training. Board certified in Gastroenterology, or Board qualified within the current time limits of the American Board of Internal Medicine/Gastroenterology or the American Osteopathic Board of Internal Medicine/Gastroenterology.

Those privileges marked with an * require documentation of training and/or experience in addition to board certification or qualification in the requested subspecialty. (See attached documentation requirements and/or ASGE* Requirements)

Requested	Granted	
___	___	EGD
___	___	Diagnostic – with or without biopsy
___	___	With polypectomy
___	___	For control of bleeding
___	___	For insertion gastrostomy/jejunostomy
___	___	Dilation, UGI stricture
___	___	*For tumor palliation (laser or other)

Requested	Granted	
___	___	Flexible sigmoidoscopy
___	___	Diagnostic
___	___	With biopsy
___	___	With polypectomy
___	___	With reduction sigmoid volvulus

Requested	Granted	
___	___	Colonoscopy
___	___	Diagnostic – with or without biopsy
___	___	With polypectomy
___	___	For control of bleeding
___	___	*Dilation, colonic stricture
___	___	*For tumor palliation (laser or other)

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Requested **Granted**

___ ___ ERCP

___ ___ *Diagnostic – with or without biopsy
___ ___ *Therapeutic (papillotomy stone extraction/stent placement)
___ ___ *Liver biopsy
___ ___ Pericentesis
___ ___ *Peritoneoscopy
___ ___ *Esophageal monometry

Requested **Granted**

___ ___ Conscious Sedation (Documented competency by training director or Chief of Anesthesiology)

APPLICANT'S SIGNATURE: ______________________________ DATE:__________

Specific privileges denied: ___ Yes ___ No

If yes, please comment: ______________________________

REVIEWED BY: ______________________________

TITLE: ______________________________ DATE:__________

Procedure	Fellowship Training or CME Course	Experience or # Cases Proctored
EGD for tumor palliation (laser or other)	X	10 (including 3 for control of bleeding)
Colonoscopy for tumor palliation (laser or other)	X	10 (including 4 for polypectomy)
ERCP, therapeutic (papillotomy stone extraction/stent	X	25
Peritoneoscopy	X	10

*** See Medical Staff Credentials Manual for ASGE Requirements**

AUTHORIZATION FOR BACKGROUND CHECK

By signing below, I grant permission to the Hospital, its medical staff and representatives (“Hospital”) to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

____
Print Name

____
Signature

____
Date