

\_\_\_\_\_  
Applicant Name

**St. Elizabeth Healthcare**  
**Gastroenterology**

**Minimum Requirements**

Degree required: MD or DO  
Successful completion of ACGME or AOA approved residency training program in gastroenterology

**Note:** Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in gastroenterology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

**Privileges Requested**

**I. Core Privileges:** Core privileges in gastroenterology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

<u>Request</u>	<u>Description of Privilege</u>
_____	Admit patients, perform histories and physicals and diagnose and treat diseases of the gastrointestinal tract and hepatobiliary systems; EGD-esophagogastroduo-denoscopy, biopsy, total colonoscopy, snare polypectomy, endoscopic hemostasis, variceal hemostasis, PEG-percutaneous endoscopic gastrostomy, esophageal dilation over guide wire, flexible sigmoidoscopy, percutaneous needle liver biopsy, small bowel enteroscopy, capsule endoscopy, paracentesis, foreign body removal, esophmanomotry, and pH monitoring.
_____	Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine <b>or</b> (b) current ACLS Certification <b>or</b> (c) satisfactory completion of the ASA Moderate Sedation course).

**II. Additional Privileges:** In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege

below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

<u>Request</u>	<u>Description of Privilege</u>	<u>Additional Requirements</u>
_____	ERCP (Diagnostic)	One year fellowship or proof of competency
_____	ERCP (Therapeutic)	One year fellowship or proof of competency
_____	Endoscopic laser therapy	One year fellowship or proof of competency
_____	Pneumatic dilation for achalasia	One year fellowship or proof of competency
_____	Esophageal stent placement	One year fellowship or proof of competency
_____	Endoscopic ultrasound	One year fellowship or proof of competency
_____	Botox injection for LES achalasia	One year fellowship or proof of competency
_____	Fluoroscopy-assisted procedures	Radiation Safety certification required.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

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\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Chair, Section of \_\_\_\_\_

Date:

Remarks: