

Privileges for: Gastroenterology

Request

MEC Approval: August 27, 2009

Board Approval: September 14, 2009

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved \_\_\_\_\_ Deisapproved

Department/Section Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

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.

DESCRIPTION OF CORE PRIVILEGES

\_\_\_\_\_ 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 or (b) current ACLS Certification or (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.

DESCRIPTION OF ADDITIONAL PRIVILEGES

\_\_\_\_\_ ERCP (Diagnostic)
(ADDITIONAL REQUIREMENT: One year fellowship or proof of competency)
\_\_\_\_\_ ERCP (Therapeutic)

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**(ADDITIONAL REQUIREMENT: One year fellowship or proof of competency)**

\_\_\_\_\_ Endoscopic laser therapy

**(ADDITIONAL REQUIREMENT: One year fellowship or proof of competency)**

\_\_\_\_\_ Pneumatic dilation for achalasia

**(ADDITIONAL REQUIREMENT: One year fellowship or proof of competency)**

\_\_\_\_\_ Esophageal stent placement

**(ADDITIONAL REQUIREMENT: One year fellowship or proof of competency)**

\_\_\_\_\_ Endoscopic ultrasound

**(ADDITIONAL REQUIREMENT: One year fellowship or proof of competency)**

\_\_\_\_\_ Botox injection for LES achalasia

**(ADDITIONAL REQUIREMENT: One year fellowship or proof of competency)**

\_\_\_\_\_ Fluoroscopy

**(ADDITIONAL REQUIREMENT: Radiation Safety certification required. )**

\_\_\_\_\_ KTP/YAG

**(ADDITIONAL REQUIREMENT: Proof of Competency)**

**Applicants Signature:** \_\_\_\_\_

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