



Privileges for: Gastroenterology

Request

**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 & Therapeutic) - 51.10, 51.81 - 51.88 / 43260, 43261, 43262 - 43272, 47999,

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

\_\_\_\_\_ Endoscopic laser therapy - 42.33 / 43255

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

\_\_\_\_\_ Pneumatic dilation for achalasia - 42.33, 44.22, 46.85 / 43458

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

\_\_\_\_\_ Esophageal stent placement - 42.81 / 43219, 43256

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

\_\_\_\_\_ Use of Axios stents for transmural endoscopic draining of pancreatic pseudocysts under EUS imaging guidance (course certificate through Boston Scientific, privileges for interventional EUS, and stenting)

\_\_\_\_\_ Endoscopic ultrasound (available only at EDGEWOOD) - 45.13, 88.74 / 44385, 76975

\_\_\_\_\_ Cryotherapy for Barrett's esophagus - (Additional requirement: Fellowship training and/or course certificate,,STAR Certificate Program: Barrett's Endotherapy) and 5 proctored cases

\_\_\_\_\_ Fluoroscopy

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

**I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.**

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

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