

CLEVELAND AMBULATORY SURGERY CENTER
DELINEATION OF CLINICAL PRIVILEGES
Colorectal

Applicant's Signature	Date
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The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you **do** and **do not** wish to be credentialed. Return this form with your Application.

Procedures	Credentialing Request		Recommendation by QM Committee	
	Yes	No	Yes	No
Excision anal tag				
Fistulectomy				
Fulguration condylomata acuminata				
Hemorrhoidectomy				
Incision and drainage of abscess				
Pilonidal cystectomy				
Rectal polyps				
Sigmoidoscopy (disposable)				
Sigmoidoscopy (flexible)				
Spincterotomy				
Conscious sedation				

For Administrative Purposes Only

Clinical privileges recommendations approved by Governing Body. _____	Date
Governing Body Chairperson	