CLEVELAND AMBULATORY SURGERY CENTER

DELINEATION OF CLINICAL PRIVILEGES

Endoscopy

Applicant's Signature	Date

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**
EGD and biopsy, brushings, etc.				
EGD with foreign body removal				
Esophageal dilation - Maloney				
Esophageal dilation - Savory				
EGD with sclerotherapy				
Therapeutic endoscopy				
Small bowel biopsy				
Percutaneous endoscopic gastrostomy				
Colonoscopy				
Colonoscopy with polypectomy and/or biopsy				
Colonoscopy for foreign body removal				
Therapeutic colonoscopy				
Sigmoidoscopy with biopsy and/or brushing				
Sigmoidoscopy with polypectomy				
Therapeutic sigmoidoscopy				
Moderate Sedation				
Supervision of RN administering moderate sedation				
Interpretation of x-rays taken within the facility				
ECG Interpretation				

For Administrative Purposes Only

Clinical privileges recommendations approved by Governing Body. _____

Governing Body Chairperson Date