

**CLEVELAND AMBULATORY SURGERY CENTER**  
**DELINEATION OF CLINICAL PRIVILEGES**  
**General Surgery**

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
Biopsy (various types)				
Breast biopsy				
Bronchoscopy				
Carpal tunnel				
Circumcision (adult)				
Circumcision (child)				
Colonoscopy				
Cysts, lipoma, etc.				
Debridement				
Excision anal tag				
Excision basal cell carcinoma				
Excision ganglion				
Excision gynecomastia				
Excision lesion with graft (small)				
Fistulectomy				
Foreign body removal				
Hemorrhoidectomy				
Hemorrhoid treatment - bicap				
Hemorrhoid treatment - banding				
Herniorrhaphy, infant, unilateral				
Herniorrhaphy, infant, bilateral				
Herniorrhaphy, adult, unilateral				
Herniorrhaphy, adult, bilateral				
Hydrocelectomy, adult				
Incision and drainage of abscess				
Laparoscopic cholecystectomy				
Pilonidal cystectomy				
Rectal polyps				
Removal of corn				
Removal of ingrown toenail				
Removal of planter wart				
Repair ligament or tendon				

