

**CLEVELAND AMBULATORY SURGERY CENTER
 DELINEATION OF CLINICAL PRIVILEGES
 Gynecology**

| | |
|-----------------------|------|
| 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 |
| Shirodkar operation | | | | |
| Trachelorrhaphy | | | | |
| Salpingo-oophorectomy | | | | |
| Bartholin's cyst - exc. or mars. | | | | |
| D & C cervical biopsy | | | | |
| D & C diagnostic | | | | |
| Laparoscopy diagnostic | | | | |
| Laparoscopy with D & C | | | | |
| Removal of I.U.D. and D & C | | | | |
| Exam under anesthesia | | | | |
| Needle biopsy | | | | |
| Repair laceration | | | | |
| Scar revision | | | | |
| Laparoscopic bilateral tubal ligation | | | | |
| Removal of Norplant | | | | |
| Laparoscopic Bilateral Salpingoophorctomy | | | | |
| Dilation and Evacuation | | | | |
| Hysteroscopy, diagnostic ,operative | | | | |
| Vulvectomy, Simple | | | | |
| CKC | | | | |
| Cerclage | | | | |
| Wide local excision of vulvar lesions, vulva biopsy | | | | |
| Cone biopsy – LEEP & cold knife | | | | |
| Hymenotomy or Hymenectomy | | | | |
| Cervical Cautery | | | | |
| Urethral caruncle | | | | |
| Colposcopy, colpotomy | | | | |
| Conscious sedation | | | | |

For Administrative Purposes Only

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