

CLEVELAND AMBULATORY SURGERY CENTER
DELINEATION OF CLINICAL PRIVILEGES
Colorectal

Applicant's Signature:	Date
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Printed Name: _____

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	
	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		