

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

| | |
|------------------------------|------------|
| Applicant's Signature: _____ | Date _____ |
|------------------------------|------------|

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 |
| 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 | | |