

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

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
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		
Laposcopic cholecystectomy		
Pilonidal cystectomy		
Rectal polyps		
Removal of corn		
Removal of ingrown toenail		

Procedures	Credentialing Request	
	Yes	No
Removal of planter wart		
Repair ligament or tendon		
Sigmoidoscopy (disposable)		
Sigmoidoscopy (flexible)		
Skin graft		
Soft tissue lesion excision, hands and feet		
Sphincterotomy		
Tenosynovectomy		
Vasectomy		
Z-plasty		
Z-plasty with graft		
Exam under anesthesia		
Needle biopsy		
Scar revision		
Repair laceration		
Fulguration condylomata acuminata		
Conscious Sedation		
Arteriovenous Fistula		