

Please Print Name

QUALIFICATIONS: Licensed physician (MD or DO) as defined in the Medicine Department Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted will permit the physician to treat patients as delineated for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

REQ	APP	Privilege Requested
		ADMIT, evaluate, diagnose and provide treatment or consultative services to patients in need of gastroenterology or general medicine related illnesses.

ENDOSCOPIC PROCEDURAL PRIVILEGES: All Gastroenterologists are eligible to apply for the following procedures. A letter from the fellowship program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience. *(See the attached procedural experience criteria for granting privileges)*

REQ	APP	Privilege Requested
		Sigmoidoscopy with biopsy
		EGD/Upper Intestinal Endoscopy
		Nonvariceal hemostasis (included 10 active bleeders)
		Variceal hemostasis (includes 5 active bleeders)
		Esophageal dilation with guidewire
		Colonoscopy
		Colonoscopy with ploypectomy (Included in the total # of Colonoscopy)
		PEG (Percutaneous Endoscopic Gastrostomy) - Abdominal part

ENDOSCOPIC SPECIAL PROCEDURES: Documentation of specific training/expertise must be submitted. Gastroenterologists with appropriate specialty training/ experience are eligible to apply for the following special procedures, provided that specific criteria are met. *(See the attached special procedures criteria for granting privileges)*

REQ	APP	Privilege Requested
		ERCP/Sphinterotomy/Biliary Stenting
		Enteric Stenting
		PH Monitoring
		Capsule endoscopy
		Manometry

(REQ=Requested) - (APP=Approved)

CONSCIOUS SEDATION		
REQ	APP	Privilege Requested:
		Conscious sedation <i>(see attached criteria for granting privileges)</i>

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges:

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Medicine Department Chairman/Vice Chairman	Date:
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

CRITERIA FOR GRANTING PRIVILEGES GASTROENTEROLOGY

ENDOSCOPIC PROCEDURAL PRIVILEGES

Qualified Gastroenterologists are eligible to apply for the following procedural privileges. These procedures are part of the core of diagnostic and therapeutic capability expected of gastroenterologists upon completion of a three year fellowship program. The following threshold procedural numbers have been established and are used as a guideline for the minimum number of procedures a new applicant/reapplicant should have performed to be considered for procedural privileges. Other factors such as CME, accredited training courses, and quality assurance data will be considered when granting privileges.

30	Sigmoidoscopy with biopsy
130	EGD/Upper Intestinal Endoscopy
25*	Nonvariceal hemostasis (included 10 active bleeders)
20*	Variceal hemostasis (includes 5 active bleeders)
20*	Esophageal dilation with guidewire
140	Colonoscopy
30	Colonoscopy with polypectomy (Included in the total # of Colonoscopy)
15	PEG (Percutaneous Endoscopic Gastrostomy) - Abdominal part

* Included in the total # of EGD

ENDOSCOPIC SPECIAL PROCEDURAL PRIVILEGES

Gastroenterologists who have obtained additional training/expertise may apply for the following special procedures. Training may be obtained through a formal Fellowship program or documentation of equivalent training in other settings as approved by the Department of Medicine. The following threshold procedural numbers are used in conjunction with other factors as a guideline for granting privileges.

200	ERCP/Sphincterotomy/Biliary Stenting
10	Enteric Stenting
10	PH Monitoring
25	Capsule endoscopy
10	Manometry

CONSCIOUS SEDATION PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.