

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 GASTROENTEROLOGY

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Gastroenterology			
Diagnostic Endoscopy with biopsy and brushings			
Therapeutic Endoscopy			
Cautery of GI bleeding lesions			
Dilatation of colon and esophagus			
Esophageal manometrics			
Esophageal sclerotherapy of varices			
Foreign body removal			
Percutaneous endoscopic Gastrostomy placement ("PEG")			
Liver biopsy			
Band ligation of varices			
Injection therapy of ulcer			
Colonic decompression			
NON CORE PRIVILEGES:			
ERCP:			
Diagnostic			
Therapeutic (e.g., stents, dilatation)			
Esophageal Motility/pH study			
GI bleed digital capsule study			
Use of endoscope clips for arterial bleed			
Intraluminal stents for strictures			
OTHER:			

BOARD CERTIFICATION: Must obtain within 6 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature Date