

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 PEDIATRIC SURGERY

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 Pediatric Surgery			
Integument Core Procedures: Surgery for benign & malignant pathology			
Breast Surgery Core Procedures: <u>Plastic Surgery:</u> Cleft lip/palate repair Major reconstruction ear or face Scar revision Pedicule flap			
Head & Neck Core Procedures: Surgery for benign & malignant pathology (Congenital or acquired)			
Thoracic Surgery Core Procedures: Trachea Lung Esophagus Chest wall			
Diaphragm Core Procedures: Repair of hernia			
Vascular Core Procedures: Visceral artery & Peripheral artery repair AV fistula/shunt Vascular Access			
Alimentary, Pancreatic & Biliary Tracts Core Procedures: Correction of congenital or acquired Inflammatory, neoplastic or traumatic pathology			
Genitourinary & Gynecology Core Procedures: Correction of congenital or acquired Inflammatory, neoplastic or traumatic pathology			
Musculoskeletal Core Procedures: Tendon/nerve repair or transfer Major trauma resection/reconstruction Amputation (Major/minor) Fasciotomy Reimplantation, any (specify)			
Endoscopic Core Procedures: Laryngoscopy Bronchoscopy - diagnostic or with removal of foreign body Esophagoscopy (diagnostic or therapeutic) Sclerotherapy for varices Thoracoscopy Gastro-duodenoscopy Sigmoidoscopy Colonoscopy (flexible) Laparoscopy (diagnostic) ERCP/Choledochoscopy			
NON CORE PRIVILEGES:			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 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

Applicant Signature

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.

Signature – Department Chief

Date