APPLICANT NAME: _____-

COLON & RECTAL SURGERY

I hereby request surgical privileges in the specialty of Colon & Rectal Surgery as shown in this form. I understand that privileges granted are subject to a bi-annual review coinciding with reapplication for medical staff membership. I also understand that application for additional or new procedures can be made at any time with proper documentation.

Documentation of training and experience is attached for those procedures marked by an asterisk (*) and those procedures that are outside of your original specialty training.

Please indicate with an "X" in the appropriate box and by signature at the end of this document the procedures you are requesting privileges for.

Applied for	**Approval**	
MINOR		
❑ Hemorrhoidectomy	❑ YES	❑ NO
❑ Excision of Anal Ulcer	❑ YES	❑ NO
❑ Incision and drainage of rectal abscess	❑ YES	❑ NO
❑ Fistulectomy	❑ YES	❑ NO
❑ Rectal muscle biopsy	❑ YES	❑ NO
❑ Repair of recto-vaginal fistula	❑ YES	❑ NO
❑ Anal sphinctor repair for fecal incontinence	❑ YES	❑ NO
❑ Excision and fulguration of condyloma accuminata	❑ YES	❑ NO
❑ Excision or biopsy of rectal lesion	❑ YES	❑ NO
❑ Removal of rectal foreign body	❑ YES	❑ NO
❑ Cyro-surgery of rectal lesions	❑ YES	❑ NO
MAJOR		
❑ Fiber-optic colonoscopy with or without biopsy or Polypectomy	❑ YES	❑ NO
❑ Polypectomy, trans-rectal or trans-sigmoidoscopic	❑ YES	❑ NO
ENDOSCOPY		
❑ Upper GI Endoscopy	❑ YES	❑ NO
❑ Colonoscopy	❑ YES	❑ NO
❑ Colonoscopy with biopsy	❑ YES	❑ NO
***LASER**		
❑ *Nd:YAG laser	❑ YES	❑ NO
❑ CO^2 laser	❑ YES	❑ NO
❑ Hemorrhoidectomy	❑ YES	❑ NO
❑ Argon-Krypton laser	❑ YES	❑ NO

❑ Radiography Use of Modality & interpretation of images (therapeutic and diagnostic)	❑ YES	❑ NO
❑ Ultrasound Use of Modality & interpretation of images (therapeutic and diagnostic)	❑ YES	❑ NO
❑ Fluoroscopy Use of Modality with State License & interpretation of images (therapeutic and diagnostic)	❑ YES	❑ NO
❑ Local anesthesia	❑ YES	❑ NO
❑ Conscious Sedation	❑ YES	❑ NO
❑ Supervision of Conscious Sedation Trained Registered Nurse	❑ YES	❑ NO
OTHERS NOT LISTED		
❑	❑ YES	❑ NO
❑	❑ YES	❑ NO
❑	❑ YES	❑ NO

Signature of Applicant _____ Date _____

Signature of QI Committee Chairperson _____ Date _____

Signature of Governing Body Chairperson _____ Date _____