

**UNIVERSITY OF MARYLAND MEDICAL CENTER**  
**Department of Medicine, Division of Gastroenterology**  
**Delineation of Privilege Form**

Applicants for membership in the Department of Medicine, Division of Gastroenterology of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate the Staff Category to which you wish to apply: (refer to Medical Staff Bylaws for qualifications)

\_\_\_\_\_ Active \_\_\_\_\_ Courtesy

Please check where privileges will be performed:

\_\_\_ AeroDigestive Center      \_\_\_ UHC: GI Clinic      \_\_\_ University Medical Center      \_\_\_ All Sites

**NOTE: Privileges marked with an asterisk (\*) also require approval of Moderate Sedation privilege (under Section 4)**

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. *Approved per the Medical Staff Bylaws</b>	√*	Yes
<b>Category I – Core Privileges:</b> To be eligible for core privileges, applicants must have completed an ACGME approved Internal Medicine residency program and be Board Certified or a candidate for Board Certification.		
<b>Outpatient/Ambulatory Services:</b> Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: <ul style="list-style-type: none"> <li>• General patient examination and care involving observation, assessment, planning, implementation and evaluation.</li> <li>• Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients' clinical problems and health care needs.</li> <li>• Performs Preventative health care counseling and instructs patients and/or families on treatment plans.</li> </ul> <b>Ambulatory Service locations are as follows:</b>		
<b>AeroDigestive Center:</b> Privileges include ambulatory core privileges as listed above in addition to: proctoscopies, rigid sigmoidoscopies, biopsies, excisions, incisions, drainages, G tube removals and changes, wound and skin debridements, wound care		
<b>UHC Medical Specialties:</b> Privileges include ambulatory core privileges as listed above in addition to: G tube removals/change and anoscopy		
<b>UMMC Category I - Core Privileges:</b>		
Core privileges include but are not limited to inserting central venous catheters, anoscopy, gastric intubation, electrocardiogram review, thoracentesis, paracentesis, arterial blood gas, pelvic exam and pap smear, open wound culture, passage of urethral catheter, lumbar puncture, insertion of arterial line, arthrocentesis, and insertion of esophageal tamponade tube.		

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Privileges marked with an asterisk (\*) also require approval of Moderate Sedation privilege (under Section 4)**

Privilege/Operative Procedure	Check (✓) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<b>Category II:</b> to be eligible for Category II privileges, applicants must have completed an ACGME approved Gastroenterology fellowship program, be Board Certified or a candidate for Board Certification, or provide documentation as to course work and recent experience. <b>Category II privileges are as follows. Endoscopic Procedures are covered under separate Endoscopy Privilege Form. Use Initial or Reappointment Form as appropriate.</b>		
Electrocoagulation or Injection of Bleeding Lesion *		
Argon Beam Coagulation for Bleeding *		
Laser Therapy for Occluding Tumor ( <i>see Category IV for laser privileges</i> ) *		
Laser Therapy for Bleeding Lesion ( <i>see Category IV for laser privileges</i> ) *		
Colonoscopy and Polyp Resection *		
Esophageal Motility Study		
24 Hour Esophageal pH Probe		
Anorectal Motility		
Liver Biopsy		
Hemorrhoid Infrared Coagulation		
<b>Category III:</b> to be eligible for Category III privileges, applicants must have completed an ACGME approved Gastroenterology fellowship program, and be Board Certified or Equivalent. <b>Category III privileges are as follows:</b>		
Biliary Drainage (Intubation) *		
Endoscopic Papillotomy/Stone Retrieval *		
Endoscopic Biliary/Pancreatic Stent Placement *		
Biliary Sphincter Manometry *		
Endoscopic Cyst Drainage *		
Laser Therapy, Photo Dynamic Therapy ( <i>see Category IV for Laser Privileges</i> ) *		
Peritoneoscopy/Biopsy *		
Extra Corporeal Lithotripsy		
<b>Category IV: Special/Cross Disciplinary Procedures:</b>		
<b>Moderate (Conscious) Sedation</b> - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of UMMC age-appropriate online Procedural Sedation Course (and every two years thereafter for reappointment).  <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral &amp; Maxillofacial Surgery are not required to fulfill these criteria.)</i>		
<b>Laser Privileges</b> (separate application required) *		
Carbon Dioxide		
Argon (Not Argon Plasma Coagulation)		
Nd-Yag		
Ultrasound Procedures (please list)		
Endoscopic Ultrasound/Biopsy *		

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jean-Pierre Raufman, MD, Division Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stephen N. Davis, MBBS, FRCP, FACP, Department Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Confirming Signature  
*(required if any requested privilege is not approved)*

\_\_\_\_\_  
Date

Rev. 11/07

**UNIVERSITY OF MARYLAND MEDICAL CENTER  
INITIAL APPLICATION FOR ENDOSCOPY PRIVILEGES**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT/DIVISION: \_\_\_\_\_

**Completion of a Training Program in Gastroenterology or Surgical Endoscopy Required.**

Procedures	To Be Completed By Applicant			Recommendations (To be completed by Section Chief)
	Criteria	Requested	# done in Training	
Esophagogastroduodenoscopy (EGD)	50			
Colonoscopy	100			
Sigmoidoscopy	30			
Polypectomy	25			
Endoscopic Retrograde Cholangiopancreatography (ERCP)	100			
Nonvariceal Hemostasis	25			
Variceal Hemostasis	20			
Esophageal Dilation	20			
Enteral Stent Placement	10			
Percutaneous Enteral Gastrostomy (PEG)	15			
Endoscopy Ultrasound	150			
Endoscopic Ultrasound Fine Needle Aspiration	50			
Argon Plasma Coagulation	20			
Pneumatic dilation for achalasia	5			
Enteroscopy	10			
Liver Biopsy	20			
Laser Therapy of Malignancy*	20			

*\* Separate Laser Application Required*

**NOTE: All incoming physicians must be credentialed for moderate (conscious) sedation. Please complete appropriate portion on your departmental delineation of privileges.**

After completing this form, please return it to Medical Staff Services, 110 S Paca Street, 8<sup>th</sup> Floor, Baltimore, MD 21201.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Endoscopy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section Chief/Department Chair

\_\_\_\_\_  
Date

**UNIVERSITY OF MARYLAND MEDICAL CENTER  
APPLICATION FOR PRIVILEGES FOR CLINICAL USE OF LASERS**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT/DIVISION: \_\_\_\_\_

**For which type of laser are you applying for privileges?**

Carbon Dioxide \_\_\_\_\_ Argon \_\_\_\_\_ Nd-YAG \_\_\_\_\_ Other \_\_\_\_\_

**Approximately how many cases have you done with the laser?**

Carbon Dioxide \_\_\_\_\_ Argon \_\_\_\_\_ Nd-YAG \_\_\_\_\_ Other \_\_\_\_\_

**For what types of surgery do you use the laser?** \_\_\_\_\_

\_\_\_\_\_

**Formal courses taken in laser surgery:** Specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned.  
**Enclose copy of CME certificate for the course.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Training with lasers during residency and/or during practice:** Where it occurred, who supervised you, number of cases done with supervision, and dates.

\_\_\_\_\_

\_\_\_\_\_

After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8<sup>th</sup> Floor, Baltimore, MD 21201, or fax it to 410-328-6433.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department/Division Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Credentials Committee Member

\_\_\_\_\_  
Date