

**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, 29 South Greene Street, Room 420, Baltimore, MD 21201.

Applicant's Signature

Date

Director of Endoscopy

Date

Section Chief/Department Chair

Date