

University of Maryland Medical System
 Division of Thoracic and Cardiovascular Surgery
 Department of Surgery
 Delineation of Privileges

Applicants for membership in the Department of Surgery of the University of Maryland Medical System may request admission to the active staff, the courtesy staff, or the affiliate staff.

Please indicate the staff category to which you wish to apply:

_____ Active _____ Courtesy _____ Affiliate

Name: _____ Date: _____

Please comment only in the areas which you wish to apply for privileges

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
Chest Wall		
Resection of Tumor		
Thoracoplasty		
Plastic Reconstruction		
Thoracic Outlet		
Other		
Lung and Pleura		
Pneumonectomy		
Lobectomy		
Segmental or Wedge Resection		
Thoracotomy for Exploration & Biopsy		
Decortication or Pleurectomy		
Drainage of Empyema		
Exploration for Hemorrhage		
Lung Transplantation		
Thoracotomy – Other		
Tracheo-Bronchial Operations		
Tracheostomy		
Resection of Stricture or Tumor		
Repair of Rupture or Laceration		
Mediastinum		
Excision of Tumor or Cyst		
Thymectomy		
Mediastinoscopy and/or Scalene Node Biopsy		
Diaphragm		
Repair of Hernia		
Resection		
Esophagus		
Resection or Bypass for Tumor or Stricture		
Correction of Reflux or Stricture		
Excision of Diverticulum		
Correction of Esophageal Atresia or TEF		
Myotomy		
Ligation of Varices		
Repair and/or Drainage of Perforation or Rupture		

Name: _____

Date: _____

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
Thoracoscopy		
Lung		
Mediastinum		
Pleura		
Esophagus		
Miscellaneous		
Cardiovascular		
Operations for Congenital Heart Disease		
-Closed Procedures (PDA, Coarct, Shunt)		
-Open Cardiac Procedures Simple (ASD, VSD, etc.)		
-Open Cardiac Procedures Complex (Switch, Fontan, etc.)		
Operations for Acquired Heart Disease		
-Open		
-Aortic Valve		
-Mitral Valve		
-Tricuspid Valve		
-Closed		
-Mitral Valve		
-Cardiotomy for Tumor or FB		
-Heart Transplant		
-Insertion of Cardiac Assist Device		
-Insertion of IABP		
-Pericardiectomy or Drainage of Pericardium		
-Repair of Laceration or Perforation		
-Excision/Repair Ventricular Aneurysm		
-Arrhythmia Surgery (AICD, etc.)		
-Insertion of Pacemaker		
Operations for Coronary Artery Disease		
Operations on Thoracic Great Vessels, Including Repair of Aneurysm		
Vascular Operations Exclusive of Thorax		
-Vascular Repair		
-Embolectomy		
-Endarterectomy		
-Repair or Excision of Aneurysm		
-Vascular Graft or Prosthesis		
Endoscopy		
-Bronchoscopy		
-Esophagoscopy		

Name: _____

Date: _____

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
Other Procedures Not Listed		

Certified: American Board of Surgery Certificate# _____ Date _____

American Board of Thoracic and Cardiovascular Surgery Certificate# _____ Date _____

Other Boards _____ Certificate# _____ Date _____
 _____ Certificate# _____ Date _____

Fellow, American College of Surgeons Yes ___ No ___

Applicant's Signature **Date**

Division Head's Signature **Date**

Stephen T. Bartlett, MD, Chairman **Date**

Applicant's Confirming Signature **Date**
(required if privilege requested is not approved)