

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
Department of Surgery
INITIAL Application for Endoscopy Privileges

Name: _____

Date: _____

Endoscopy Privileges	To be eligible for these privileges, must be Board Certified or Board Eligible in General Surgery or Colorectal Surgery and Provide verification of training in upper and lower endoscopy and a letter from an appropriate proctor and/ or program director.
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Procedures	To Be Completed by Applicant		To Be Completed by Dept. Chief (use initials)		
	Check (✓) if requested	Number done in training or in the last 24 months	Recommended	Not Recommended	Conditions (provide explanation)
Upper Endoscopy- Diagnostic					
Esophagogastroduodenoscopy (EGD)					
Endoscopic Retrograde Cholangiopancreatography (ERCP)					
Upper Endoscopy-Therapeutic					
Variceal Hemostasis					
Nonvariceal Hemostasis					
Esophageal Dilation					
Enteral Stent Placement					
Percutaneous Enteral Gastrostomy (PEG)					
Lower Endoscopy-Diagnostic					
Colonoscopy					
Sigmoidoscopy					
Lower Endoscopy- Therapeutic					
Polypectomy					

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date