UNIVERSITY OF MARYLAND MEDICAL CENTER
RENEWAL APPLICATION FOR PEDIATRIC ENDOSCOPY PRIVILEGES

NAME: _____ **DATE:** _____

DEPT/DIVISION: _____

NOTE: Any attending physician not meeting the following criteria will have the next 3 procedures that are deficient in number monitored by the Adult Endoscopy Laboratory Director, then have an additional 12 months to reach the goal number.

Procedures	**To Be Completed By Applicant**			**Recommendations (To be completed by Section Chief)**
	Criteria	**Requested**	**# done in past 24 months**	
Esophagogastroduodenoscopy (EGD)	50			
Colonoscopy	25			
Sigmoidoscopy	5			
Polypectomy	5			
Esophageal PH probe	10			
Rectal biopsy	5			
Foreign body removal	5			
Esophageal Dilation	3			
Paracentesis	5			
Liver Biopsy	5			

NOTE: All 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