

COLON & RECTAL SURGERY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	GENERAL SURGERY CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, consultation, diagnosis, assessment, surgical and non-surgical treatment of various conditions, illnesses, and injuries of the alimentary tract, abdomen and its contents, breasts, skin and soft tissue, head and neck, endocrine system, extremity surgery (i.e. biopsy, varicose veins, foreign body removal and skin grafts), and amputations. Also included is the comprehensive management of trauma, including musculoskeletal, hand and head injuries, and the complete care of critically ill patients with underlying surgical conditions in the emergency department intensive care unit, and (if applicable) the trauma and/or burn units. [Physicians desiring privileges for children < 24 months at Wolfson must complete the Pediatric Surgery Privilege Form]	

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	COLON & RECTAL SURGERY CORE PRIVILEGES	APPR
										Work-up, admission, evaluation, history and physical examination, diagnosis, consultation or treatment of patients of all ages presenting with illnesses, injuries and disorders of the colon, rectum, perianal areas and the abdomen and its contents. [Physicians desiring privileges for children < 24 months at Wolfson must complete the appropriate pediatric surgery privilege form]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES	APPR
										Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.	
										Colonoscopy [++Hospital 4, 5, 9, 10]	
										Computer Assisted Robotic Surgery [++Hospitals 1, 2, 5, 7, 9]	
										Contravis Microscope [++Hospitals 7, 10]	
										Endoscopic Ultrasound [++Hospitals 1, 2, 5, 9]	
										Esophagogastroduodenoscopy (EGD) [++Hospital 4, 5, 6, 9, 10]	
										Intraoperative Ultrasound [++Hospital 1, 9]	
										Laser - CO ₂ [++Hospitals 1, 2, 5, 6, 7, 9]	
										Laser – KTP [++Hospitals 1, 5, 7]	

■ Privilege not available in this specialty at this hospital.
 ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

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1	2	3	4	5	6	7	8	9	10	Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.	APPR
										Laser - nd:YAG [++Hospitals 1, 5, 6, 7]	
										Moderate Sedation [++Hospitals 1, 4, 5, 6, 7, 9, 10]	
										Operative Laparoscopy [++Hospitals 1, 2, 3, 4, 5, 6, 7, 9, 10]	
										Sigmoidoscopy - flexible [++Hospitals 2, 4, 5, 7, 10]	
										Transanal Minimally Invasive Surgery (TAMIS) [++Hospitals 1, 2, 3, 4, 5, 9]	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

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 ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.