

GASTROENTEROLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Jax/ 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	INTERNAL MEDICINE CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, evaluation, performance of laboratory procedure under CLIA 88 rules and regulations as Provider Performed Microscopy or waived procedure approved by the Laboratory Medical Director designated as Physician Performed Tests, diagnosis, consultation and/or provision of non-surgical treatment to patients from adolescence to old age during times of health and through all stages of acute and chronic illness. Includes placement of CVP lines.	

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

1	2	3	4	5	6	7	8	9	10	GASTROENTEROLOGY CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, evaluation, and diagnosis of patients presenting with illnesses, injuries, and disorders of the stomach, intestines, and related structures such as the esophagus, liver, gallbladder, and pancreas including the provision of consultation. Includes colonoscopy and flexible sigmoidoscopy.	

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

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
										Bipolar Electrocautery [++Hospital 2]	
										Double Balloon Enteroscopy [++Hospital 7]	
										Endoscopic Biopsy	
										Endoscopic Injection Sclerotherapy [++Hospitals 1, 2, 4, 5, 9, 10]	
										Endoscopic Retrograde Sphincterotomy [++Hospitals 2, 4, 5, 6, 10]	
										Endoscopic Ultrasound [++Hospital 1, 5, 6]	
										Endoscopic Variceal Banding	
										ERCP (diagnostic) [++Hospitals 1, 2, 4, 5, 6, 9, 10]	
										ERCP (therapeutic) [++Hospitals 1, 2, 4, 5, 6, 9, 10]	
										Esophageal Dilation with Guidewire [++Hospitals 1, 2, 9]	
										Esophageal Stent Placement [++Hospitals 1, 2, 6, 9]	
										Esophagogastroduodenoscopy (EGD) [++Hospitals 1, 2, 4, 5, 9, 10]	

- 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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										SPECIAL PROCEDURES	
1	2	3	4	5	6	7	8	9	10	Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
										GI Motility Studies [++Hospital 6]	
										Heater Probe Coagulation Therapy	
										Insertion of esophageal/gastric balloon to control GI hemorrhage (Sengstaken-Blakemore, Minnesota tubes, etc.) [++Hospital 2]	
										Laser Endoscopic Therapy [++Hospitals 4, 5, 6, 10]	
										Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 7, 9, 10]	
										Needle Biopsy of Liver [++Hospital 2]	
										Percutaneous Endoscopic Gastrostomy [++Hospitals 1, 2]	
										Peritoneoscopy [Hospitals 1, 4, 5, 10]	
										Peroral Suction biopsy of Esophagus, Stomach, Small Bowel [++Hospital 2]	
										pH Testing of Esophagus, Ambulatory [++Hospital 6]	
										Pneumatic Dilation for Achalasia [++Hospital 6]	
										Proctosigmoidoscopy with Biopsy [++Hospitals 1, 2, 9]	
										Short-term ventilator management (up to 48 hours) [++Hospital 6]	
										Sigmoidoscopy (rigid) [++Hospitals 2]	
										Suction Biopsy of Colon [++Hospitals 1, 2, 9]	
										Tumor Ablation with Endoscope [++Hospital 1]	

Acknowledgement 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: _____

- Privilege not available in this specialty at this hospital.
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