

MILLARD FILLMORE SURGERY CENTER, LLC

Name: _____

Date: _____

DELINEATION OF PRIVILEGES – GASTROENTEROLOGY

Credentialing period effective for 2 years

<u>LEVEL I (CORE) PRIVILEGES</u> <i>Procedures which are assumed to have been mastered following satisfactory completion of an approved surgical training program and can be performed by any competent surgeon. Applies to patients who are =>than 18 years</i>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
History and Physical				
Colonoscopy				

<u>LEVEL II (CORE) PRIVILEGES</u> <i>Procedures listed below, including those not listed in Level I, <u>may</u> require documentation of additional experience and training. Applies to patients who are greater than or equal to 18 years old (unless otherwise noted.)</i>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
EGD-(Esophagogastroduodenoscopy)				
Colonoscopy with Polypectomy				

KEY	<u>*NOT GRANTED DUE TO:</u> Provide Details Below	<u>**WITH FOLLOWING REQUIREMENTS</u> Provide Details Below
	1) Lack of Documentation	1) With Consultation
	2) Lack of Required Training/Experience	2) With Assistance
	3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
	4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant Date

_____/_____
Signature of Medical Director Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS