Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Proctology

To be eligible to apply for core privileges in proctology, the initial applicant must meet the following criteria:

Successful completion of American Osteopathic Association (AOA)–approved one year internship in proctology and a completion of an approved residency in proctology

AND/OR

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in proctology by the American Osteopathic Board of Proctology.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of at least 50 colon and rectal procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, or research in a clinical setting within the past 12 months.
Reappointment requirements: To be eligible to renew core privileges in proctology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges

Proctology Core Privileges

☐ Requested Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical, surgical, and endoscopic means. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Special Noncore Privileges (See Specific Criteria)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Use of Laser

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

☐ Requested

Administration of Sedation and Analgesia

☐ Requested See Hospital Policy for Moderate Sedation

Core Procedure List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Internal and external hemorrhoids
2. Perianal fistulectomy
3. Internal sphincterotomy
4. Fissurectomy
5. Pilonidal cystectomy
6. Excision of lesion/mass
7. Excision of condyloma
8. Incision and drainage of perianal/ischiorectal abscess
9. Plastic repair of anus (Proctoplasty)
10. Removal of foreign body
11. Excision of prolapse
12. Excision of epidermoid cyst, perianal
13. Colonoscopy
14. Colonoscopy with biopsy of colon and terminal ileum
15. Colonoscopy with snare polypectomy of colon
16. Rigid sigmoidoscopy
17. Flexible sigmoidoscopy
18. Endoscopic balloon dilation of colonic stricture
19. Anoscopy
20. Heater probe cautery of acute bleeding
21. Endoscopic instillation of methylene blue dye

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

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 the Medical Staff Bylaws or related documents.

Signature: ___________________________ Date: ________________

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Notes

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Clinical Service Chief Signature: ___________________________ Date: ________________
<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials Committee action</td>
<td></td>
</tr>
<tr>
<td>Medical Executive Committee action</td>
<td></td>
</tr>
<tr>
<td>Board of Directors action</td>
<td></td>
</tr>
</tbody>
</table>

Adopted: