Privileges	Requested *(To be completed by the applicant)*	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	

Surgical Privileges Form:

General surgery (Core Privileges)

Clinical Privileges Request

Applicant's Name: ……………………………..…………

Scope of Practice: ………………………….

License No. (If Any): ………………………….…………..

Facility: …………………………………..

Date: ……………………………..……………………………….

Privileges	Requested *(To be completed by the applicant)*	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	

CATEGORY I: Skin & subcutaneous Surgery (Core Privileges)

Privileges				
1. Excision of Sebaceous cyst				
2. Excision of Lipoma				
3. Excision of Ingrown nail				
4. Excision of skin nodule / wart				
5. Incision and drainage of abscess				
6. Aspiration of skin swelling (FNA)				
7. Excision of Pilonidal Sinus				
8. Ray`s mid- metatarsal Amputation of toe				
9. Debridement of Diabetic Foot				
10. Cut wound Suturing				
11. Foreign body removal				

CATORGY II: Neck Surgery (Core Privileges)

Privileges				
1.Excision of Lymph node				
2.Thyroid FNA				

CATEGORY III: Gastroesophageal Surgery (Core Privileges)

Privileges				
1. Partial Gastrectomy for Benign lesions				
2. Gastrojejunostomy				
3. Laparoscopic closure of Perforated uodenal				
4. Feeding Jujenostomy				

Name of Applicant.........................

Privileges	Requested *(To be completed by the applicant)*	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	**Independent**	

CATEGORY IV: Spleen & Lymph Nodes (Core Privileges)

Privileges				
1. Splenectomy for trauma				
2. Laparoscopic Peritoneal biopsy				

CATEGORY V: Hepatobiliary (Core Privileges)

Privileges				
Laparoscopic Cholecystectomy				

CATEGORY VI: Small Bowel (Core Privileges)

Privileges				
1.Open & Laparoscopic Appendectomy				
2.Laparoscopic Mickle`s Diverticulectomy				
3. Small Bowel Resection & Anastomosis				
4. Laparotomy and Exploration				
5.Laparoscopic Exploration				

CATEGORY VII: Colorectal Surgery (Core Privileges)

Privileges				
1. Right hemicolectomy				
2. Hartmann`s Procedure				
3. Haemorrhoidectomy				
4. Fistulectomy / Fistulotomy				
5. Fissurectomy / Sphincterotomy				

CATEGORY VIII: Breast (Core Privileges)

Privileges				
1. FNA / Core Biopsy				
2. Lumpectomy for benign conditions				

CATEGORY IX: Hernia (Core Privileges)

Privileges				
1.Open repair of inguinal Hernia				
2.Open repair of femoral Hernia				
3.Open repair of Epigastric Hernia				

4.Open repair of Paraumbilical Hernia				
Open repair of Lumbar Hernia				
5. Open repair of Incisional Hernia				

Category XI: Additional (Core Privileges)

1-Stripping of Varicose Veins and perforators ligation				

Note: You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.

By signing below, I acknowledge that I have read, understand, and agree to abide by QCHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

a) In exercising any clinical privileges granted, I am constrained by QCHP's 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 recognized policies and rules.

……………………………………………..   …………………………………

Applicant's signature (Stamp if any)   Date

……………………………………………………..   …………………………………

1. Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature   Date

For Committee use only

Evaluation Committee Chairman:

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

…………………………………………….   …………………………………

Chairperson's Stamp & signature   Date

Name of Applicant…………………..

Other Committee Members:

…………………………………………………..   ……………………………
1) Name   Date

…………………………………………………..   ……………………………
1) Name   Date