

**Gastroenterology and Endoscopy**

Name: \_\_\_\_\_

**MEDICAL STAFF CATEGORY REQUESTED:**

- Active – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.*
- Courtesy - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.*
- Consulting – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.*

**Qualifications:**

To be eligible to apply for privileges in gastroenterology and endoscopy, the applicant must meet the following qualifications:

- Documentation of the provision of inpatient services or consultative services for at least 50 gastroenterology patients in the last two years; **and**
- Current certification in gastroenterology or eligibility to participate in the examination process leading to certification in gastroenterology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine; **or**
- Successful completion of an ACGME- or AOA-accredited residency, such as internal medicine, colon and rectal surgery, or general surgery, that includes at least six months of exposure to endoscopic training.

**Gastroenterology Privileges (Please indicate with a check mark the privileges requested)**

- Evaluate, diagnose, consult
- Provide non-surgical treatment to patients in a consultative role for patients in need of care to treat illnesses, injuries, and disorders of the stomach, intestines, and related structures, such as the esophagus, liver, gallbladder, and pancreas, in partnership with the admitting physician.

**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 **Texas Health Harris Methodist Hospital Southlake**, 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Credentials Committee Recommendations: \_\_\_\_ Recommend \_\_\_\_ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Recommended/Not recommended with the following modification(s) and reason(s):

\_\_\_\_\_  
\_\_\_\_\_