

**Delineation of Privileges
Department of Surgery
GENERAL SURGERY**

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:

- Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate.
- Successful completion of an ACGME or AOA-accredited residency/fellowship in general surgery.
- Current certification or active participation in the examination process leading to certification in Surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

CATEGORY I: CORE PRIVILEGES

Core Privileges/Procedures - GENERAL SURGERY	Requested	Approved

(Note: Please cross out any of the core procedures listed below you do not wish to request. Case listings of procedures performed during residency training will be required at initial application.)

1. Work-up, admission, consultation, diagnosis, assessment, and treatment of various conditions, illnesses, and injuries of the alimentary tract, abdomen and its contents, breasts, skin and soft tissue, head and neck, endocrine system, extremity surgery (i.e., biopsy, varicose veins, foreign body removal, skin grafts, etc.), and amputations.
2. The comprehensive management of trauma and the complete care of critically ill patients with underlying surgical conditions in the E.D., O.R., and Critical Care Units. This includes procedures associated with critical care management i.e. arterial annula placement; endotracheal intubation; central line placement; chest tube insertion; cut down, etc.
3. Additional core procedures included are:
 - Laparoscopic procedures such as diagnostic laparoscopy, lap cholecystectomy, lap appendectomy, lap Nissen, GI anastomosis; common bile duct;
 - Placement of temporary and permanent vascular access such as Groshong, Lifeport, and dialysis access;
 - Endoscopy: EGD, PEG, flexible sigmoidoscopy, colonoscopy, biopsy with snare polypectomy, needle aspiration of superficial nodes and masses;
 - Biopsies to include stereotactic breast biopsy, sentinel node biopsy;
 - Intraoperative sonography;

CATEGORY II: SPECIAL PROCEDURES

Procedures that may not be part of residency/fellowship training and <i>may require proof of additional training or experience. Those procedures below marked with an asterisk (*) have specific credentialing criteria attached.</i>	Requested	Approved
Bariatric Surgery (see credentialing criteria)*		
Non-Cardiac Thoracic Surgery (thoracotomy, bronchoscopy, video-assisted thoracic surgery)		
Laser (Please list):		
Hysterectomy (incidental)		
Abdominal aortic aneurysm repair and other peripheral aneurysm repair		
Aortoiliac, aortofemoral, and infrainguinal bypass procedures		
Swan-Ganz catheter placement		
Advanced Peripheral Vascular Procedures: (see credentialing criteria)*		
1. Diagnostic peripheral angiography		
2. Percutaneous peripheral vascular interventions including angioplasty, stents		
3. Endovascular Aortic Grafting		
4. Carotid Surgery		
5. Sedation Analgesia (complete additional privilege form)		

Name: _____

CATEGORY II: SPECIAL PROCEDURES (continued)		
Attach verification of training or experience for all privileges requested below.	Requested	Approved
6.		
7.		
8.		
9.		
10.		

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges. Category II privileges cannot be requested or approved without requesting and approving Category I Core privileges.

Physician Name

Date

APPROVAL:

Chief of Surgery

Date