APPLICATION FOR CLINICAL PRIVILEGES
GENERAL SURGERY

Applicant: Please check the procedures for which you are requesting or not requesting. Do not leave any blanks. Once this is completed please return to the practice manager along with any other information that has been requested from you. The Medical Director/Credentialing Committee will then grant or deny privileges. You will be notified of the results, via a copy this form.

Procedure	Decision				Comments
General Surgery:					
Anal Surgery (e.g. fistulectomy)	☐ requested	☐not requested	☐granted	☐ denied	
Banding of Internal/External Hemorrhoids	☐ requested	☐not requested	☐granted	☐ denied	
Biopsy-Excision of Lesion	☐ requested	☐not requested	☐granted	☐ denied	
Biopsy-Excision of Nodes	☐ requested	☐not requested	☐granted	☐ denied	
Biopsy-Excision of Mass	☐ requested	☐not requested	☐granted	☐ denied	
Breast Biopsy	☐ requested	☐not requested	☐granted	☐ denied	
Circumcision	☐ requested	☐not requested	☐granted	☐ denied	
Esophagoscopy	☐ requested	☐not requested	☐granted	☐ denied	
Excision of Cyst	☐ requested	☐not requested	☐granted	☐ denied	
Excision of Lipomas	☐ requested	☐not requested	☐granted	☐ denied	
Excision of Ganglions	☐ requested	☐not requested	☐granted	☐ denied	
Excision of Pilonidal Cyst	☐ requested	☐not requested	☐granted	☐ denied	
Excision of Scar	☐ requested	☐not requested	☐granted	☐ denied	
Excision of Skin Lesion	☐ requested	☐not requested	☐granted	☐ denied	
Foreign Body Removal	☐ requested	☐not requested	☐granted	☐ denied	
Hernia Repair	☐ requested	☐not requested	☐granted	☐ denied	
Laparoscopy	☐ requested	☐not requested	☐granted	☐ denied	
Laparoscopic Hernia Repair	☐ requested	☐not requested	☐granted	☐ denied	
Laparoscopic Cholecystectomy	☐ requested	☐not requested	☐granted	☐ denied	
Orchiopexy	☐ requested	☐not requested	☐granted	☐ denied	
PortaCath Insertion/Removal	☐ requested	☐not requested	☐granted	☐ denied	
Scar Removal/Excision	☐ requested	☐not requested	☐granted	☐ denied	
Skin Biopsy	☐ requested	☐not requested	☐granted	☐ denied	
Tendon Repair	☐ requested	☐not requested	☐granted	☐ denied	
Toenail Removal	☐ requested	☐not requested	☐granted	☐ denied	
Vericose Vein Stripping	☐ requested	☐not requested	☐granted	☐ denied	
Other _____	☐ requested	☐not requested	☐granted	☐ denied	
Other _____	☐ requested	☐not requested	☐granted	☐ denied	
Other _____	☐ requested	☐not requested	☐granted	☐ denied	
Other _____	☐ requested	☐not requested	☐granted	☐ denied	

Clinical Privileges Delineation Form
GENERAL SURGERY

I am mentally and physically capable of performing the privileges, which I have requested:

Signature_____Date_____

Name, please print_____

Office use only

These privileges will be granted by the governing board and the credentialing committee. The privileges are renewed every (2) years. The applicant may request to have privileges changed as required during this period.

Signed_____
Medical Director/Members of the Credentialing Committee Date