Name of the Applicant: _____

	Gastroenterology & Hepatology	Number of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A)	**Core Privileges**			
1.	To admit, evaluate, diagnose, consult, perform history and physical exam, and treat patients with diseases and disorders affecting the stomach, intestines, and associated organs		☐	☐
2.	Proctoscopy and/or flexible sigmoidoscopy		☐	☐
3.	Upper gastrointestinal endoscopy (EGD), and haemostatsis		☐	☐
4.	Colonoscopy, including biopsy and polypectomy		☐	☐
(B)	**Special Privileges**			
5.	Esophageal dilation by simple balloon or bougie		☐	☐
6.	Balloon Assisted Enteroscopy		☐	☐
7.	Liver biopsy		☐	☐
8.	Liver elastography		☐	☐
9.	Percutaneous endoscopic gastrostomy (PEG)		☐	☐
10.	Endoscopic Retrograde Cholangiopancreatography (ERCP)		☐	☐
11.	Endoscopic submucosal dissection (ESD)		☐	☐
12.	Endoscopic mucosal resection (EMR)		☐	☐
13.	Self expandable metal stent (SEMS) placement in the GI tract		☐	☐
14.	Endoscopic ultrasound (EUS) - diagnostic including FNA		☐	☐
15.	EUS assisted Biliary / pseudocyst / abscess drainage		☐	☐
16.	Capsule Endoscopy		☐	☐
17.	Ambulatory esophageal pH testing & Esophageal motility testing (manometry, impedence)		☐	☐
18.	Paracentesis		☐	☐
19.	Total parenteral nutrition		☐	☐
(C)	**Others** (Please specify)			
	_____		☐	☐
	_____		☐	☐

For Official Use Only

Approved by:

Signature: _____ Date:_____

Name & Title: _____