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. | Liver biopsy | | ☐ | ☐ |
| 6. | Liver elastography | | ☐ | ☐ |
| 7. | Endoscopic Retrograde Cholangiopancreatography (ERCP) | | ☐ | ☐ |
| 8. | Endoscopic submucosal dissection (ESD) - **Esophageal** | | ☐ | ☐ |
| 9. | ESD - **Gastric** | | ☐ | ☐ |
| 10. | ESD - **Duodenal** | | ☐ | ☐ |
| 11. | ESD - **Lower Gastrointestinal** | | ☐ | ☐ |
| 12. | Endoscopic mucosal resection (EMR) | | ☐ | ☐ |
| 13. | Endoscopic ultrasound (EUS) - diagnostic including FNA | | ☐ | ☐ |
| 14. | EUS assisted Biliary / pseudocyst / abscess drainage | | ☐ | ☐ |
| 15. | Paracentesis | | ☐ | ☐ |
| 16. | Total parenteral nutrition | | ☐ | ☐ |
| 17. | Peroral Endoscopic Myotomy (POEM) | | ☐ | ☐ |
| 18. | Anti-reflux procedure | | ☐ | ☐ |
| 19. | Insertion of bioenteric intragastric balloon | | ☐ | ☐ |
| **(C)** | **Others** (Please specify) | | | |
| | _____ | | ☐ | ☐ |
| | _____ | | ☐ | ☐ |

**Signature of Applicant** **Date (dd/mm/yyyy)**

*(Form version: 20251110)*

**For Official Use Only**

Approved by:

Signature: _____ Date:_____

Name & Title: _____