

## CORE SURGICAL PRIVILEGES FORM / GENERAL SURGERY

Applicant's Name: .....

License No. (If Any): ..... Date: DD MM YYYY

### CATEGORY I: SKIN AND SUBCUTANEOUS SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Excision of sebaceous cyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Excision of lipoma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Excision of ingrown nail	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Excision of skin nodule / wart	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Incision and drainage of abscess	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Aspiration of skin swelling (FNA)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Excision of pilonidal sinus	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Ray's mid – metatarsal amputation of toe	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Debridement of diabetic foot	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Cut wound suturing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Foreign body removal	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY II: NECK SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Excision of lymph node	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Thyroid FNA	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY III: GASTROESOPHAGEAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic closure of perforated duodenal ulcer	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Feeding jejunostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY IV: SPLEEN AND LYMPH NODES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic peritoneal biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY V: HEPATOBILIARY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic cholecystectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY VI: SMALL BOWEL

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Open & laparoscopic appendectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Laparoscopic Mickle's diverticulectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Small bowel resection & anastomosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Laparotomy and exploration	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Laparoscopic exploration	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY VII: COLORECTAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Haemorrhoidectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Fistulectomy / fistulotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Fissurectomy / sphincterotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY VIII: BREAST

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. FNA / core biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Lumpectomy for benign conditions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY IX: HERNIA

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Open repair of inguinal hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Open repair of femoral hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Open repair of epigastric hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Open repair of paraumbilical hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY X: OTHERS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Stripping of varicose veins and perforators ligation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

#### Note:

You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date:

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## FOR COMMITTEE USE ONLY

### Committee Decision:

Evaluation type:

By Interview ☐ virtual / personal  
By documents only ☐  
Or both ☐

### Other comments:

.....  
We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant, and We have made the above-noted recommendation(s).

### Clinical privileging committee members:

.....  
Name, Signature & Stamp

Date:

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Name, Signature & Stamp

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