

**CREDENTIALING AND RE-PRIVILEGING COMMITTEE  
(CRC) APPLICATION FORM**

**SURGERY – GENERAL SURGERY**

PHYSICIAN'S NAME : \_\_\_\_\_

DEPARTMENT : **SURGERY**

DIVISION (IF ANY) : **BREAST AND ENDOCRINE SURGERY**

SPECIALTY (IF ANY) : **BREAST AND ENDOCRINE SURGERY**

DATE APPLIED : \_\_\_\_\_

**NOTE:** At the time of a life-threatening clinical emergency, any practitioner may render whatever care he/she believes to be indicated regardless of the extent of his/her granted privileges, if expertise not available.


THE FOLLOWING LIST OF PROCEDURES IS GRANTED BY THE CRC COMMITTEE AS PART OF YOUR DUTIES AS MEMBER OF THE MEDICAL STAFF OF TAWAM HOSPITAL.

**Note:** (DO NOT MARK AN "X" IN MORE THAN ONE COLUMN FOR EACH PROCEDURE INDICATED)

PROCEDURES	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
Axillary and groin lymph nodes dissection				
Lymph node biopsy				
Wide excision and grafting for malignant skin tumors				
Excision of simple tumors of neck				
Muscle biopsy				
Skin Grafting				
Breast Biopsy				
Appendectomy				
Simple hernias				
Tracheostomy				
Removal of foreign body by speculum, forceps or superficial incision				
Excision of cysts				
Incision and drainage of abscess				
Suture of laceration				
Cut down of vessels				
Splenectomy				
Evacuation of thrombosed hemorrhoid				
Excision/biopsy of skin or subcutaneous tumour				
<b>Breast Surgery</b>				
Quadrantectomy and Axillary Clearance				
Modified Radical mastectomy				
Latissimus Dorsi Flaps				
Sentinel Lymph Node Biopsy				
Needle Core Breast Biopsy				

PROCEDURES	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
<b>Endocrine Surgery</b>				
Parathyroid surgery				
Subtotal thyroidectomy				
Total thyroidectomy				
Modified radical neck dissection				
Adrenalectomy				
<b>Upper Gastrointestinal Surgery</b>				
Thoracotomy, sternal split				
Esophageal surgery				
Gastric surgery				
Bariatric surgery				
Pancreatic surgery				
Liver resection				
Biliary tract surgery				
Cholecystectomy				
Exploratory surgery				
Portal hypertension surgery including shunts				
Abdominal hernias				
Retroperitoneal tumors				
Adrenal carcinoma				
Small bowel surgery				
Mesoatrial shunt				
<b>Colorectal Surgery</b>				
Haemorrhoidectomy				
Lay open of pilonidal disease				
Excision of peri-anal and condylomata accuminata				
Drain anorectal abscess				
Lay open fistula in ano				
Anal dilatation				
Right and left hemicolectomy				
Sigmoid colectomy				
Total colectomy				
Loop colostomy				
End colostomy				

PROCEDURES	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
Surgery for Inflammatory Bowel Disease				
Loop ileostomy				
End ileostomy				
Management of high fistula in ano				
Anterior resection of the rectum				
Abdomino-perineal resection of the rectum				
Endoanal excision of rectal tumours				
Trans-sacral resection of rectal tumours				
Restorative proctocolectomy				
Panproctocolectomy				
Surgery for rectal prolapse				
Direct anorectal sphincter repair				
Hartmann's operation				
Intestinal bypass				
Stapled anastomosis				
<b>Laparoscopic</b>				
[Certification, preceptorship and experience for each procedure]				
Laparoscopic Appendectomy				
Laparoscopic Adrenalectomy & Biopsy				
Laparoscopic Cholecystectomy				
Laparoscopic Hernia Repair				
Laparoscopic Splenectomy				
Laparoscopic Colectomy				
Laparoscopic Gastrectomy				
Diagnostic Laparoscopy and Biopsy of retroperitoneal lymph nodes				
Laparoscopic Nissen Fundoplication				
<b>Endoscopy</b>				
Gastroscopy - Diagnostic and Invasive				
ERCP - Diagnostic and Invasive				
Colonoscopy - Diagnostic and Invasive				
PEG				

 Please attach to this form the following document/s:  
Evidence of level of training & expertise attained to carry out the requested procedures.

<b>ADDITIONAL CLINICAL PRIVILEGES</b> (Special Procedures)
(type detailed description) USE SEPARATE SHEET OF PAPER IF REQUIRED & ATTACH TO THIS SHEET

**IF AT ANY STAGE YOU WISH TO PERFORM ANY SURGICAL OR THERAPEUTIC PROCEDURE WHICH IS NOT LISTED IN THIS APPLICATION, YOU MUST REFER IT TO THE CREDENTIALS & APPOINTMENT COMMITTEE**

## SIGNATURES

MEDICAL STAFF NAME : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HEAD, DIVISION (IF ANY) \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HEAD, DEPARTMENT : \_\_\_\_\_ DATE ; \_\_\_\_\_  
SIGNATURE

CHAIRMAN : \_\_\_\_\_ DATE : \_\_\_\_\_  
CREDENTIALS & APPOINTMENT COMMITTEE SIGNATURE

MEDICAL DIRECTOR : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HOSPITAL DIRECTOR/CEO : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE