



**LEVEL II**

Requested	Granted	Privileges	Minimal Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal paracentesis	
<input type="checkbox"/>	<input type="checkbox"/>	Arterial puncture for blood gases	
<input type="checkbox"/>	<input type="checkbox"/>	Central venous cannulation	
<input type="checkbox"/>	<input type="checkbox"/>	Electrocardiogram interpretation	
<input type="checkbox"/>	<input type="checkbox"/>	Fiberoptic flexible sigmoidoscopy	
<input type="checkbox"/>	<input type="checkbox"/>	Joint aspiration/injection	
<input type="checkbox"/>	<input type="checkbox"/>	Lumbar aspiration/injection	
<input type="checkbox"/>	<input type="checkbox"/>	Lumbar puncture	
<input type="checkbox"/>	<input type="checkbox"/>	Nasogastric tube insertion	
<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis	
			Minimal formal training: Has achieved Level I



<input type="checkbox"/>	<input type="checkbox"/>	<p>gastrointestinal motility should include experience with esophageal motility, gastric and small bowel motility and anorectal motility.</p>	<p>motility falls under Level I but specific experience with the performance and interpretation of these specific motility studies requires additional training and documentation of expertise by the physician's mentor. A minimum number during a 12-month period would include: 30 esophageal motility studies including 10 procedures with provocative testing and 20 procedures with prolonged pH recording. 15 gastric and small bowel motility studies would be required. 20 anorectal motility studies with at least 10 biofeedback studies.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Special expertise in a variety of subspecialties within gastroenterology may require additional training. An example is experience with hepatology and liver transplantation. Other examples may include particular expertise with nutritional problems, HIV related gastrointestinal disorders, and IBD.</p>	<p>For advanced hepatology training dealing with liver transplantation it is expected that the physician will have completed at least 3 months of training or previous experience dedicated to this particular area. Documentation by a mentor in the physician's particular area of expertise would also be required.</p> <p>Reappointment are based on unbiased, objective results of care according to the hospital's existing quality assurance mechanisms. Applicants must show that they have maintained competence by showing evidence of the same number of inpatient or consultative services as required for initial appointment.</p>



**LEVEL III**

Requested	Granted	Privileges	Additional Education, Training and Experience
		There are no Level III Privileges effective 1/29/07	

**TO BE COMPLETED BY APPLICANT:**

I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT ACTION:**

Approval: \_\_\_ As Requested \_\_\_ As modified, explain \_\_\_\_\_

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: \_\_\_\_\_ Date \_\_\_\_\_ Service Chief: \_\_\_\_\_ Date \_\_\_\_\_

**CREDENTIALS COMMITTEE ACTION:**

Approval: \_\_\_ As Requested \_\_\_ Disapproved, explain \_\_\_\_\_

Credentials Committee Member: \_\_\_\_\_ Date \_\_\_\_\_

**EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:**

Approval: \_\_\_ As Requested \_\_\_ Disapproved, explain \_\_\_\_\_

Executive Committee On Clinical Affairs Member: \_\_\_\_\_ Date \_\_\_\_\_