

Name of the Applicant: \_\_\_\_\_

<b>Gastroenterology &amp; Hepatology</b>	<b>Number of Procedures Performed</b>	<b>Privileges Applied by Applicant</b>	<b>Privileges Granted by CUHKMC</b>
<b>(A) Core Privileges</b>			
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>(B) Special Privileges</b>			
5. Liver biopsy			
6. Liver elastography			
7. Endoscopic Retrograde Cholangiopancreatography (ERCP)			
8. Endoscopic submucosal dissection (ESD)			
9. Endoscopic mucosal resection (EMR)			
10. Endoscopic ultrasound (EUS) - diagnostic including FNA			
11. EUS assisted Biliary / pseudocyst / abscess drainage			
12. Paracentesis			
13. Total parenteral nutrition			
14. Peroral Endoscopic Myotomy (POEM)			
15. Anti-reflux procedure			
16. Insertion of bioenteric intragastric balloon			
<b>(C) Others (Please specify)</b>			
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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date (dd/mm/yyyy)**

(Form version: 20240821)

**For Official Use Only**

Approved by:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_