



Name of the Applicant: _____

Respiratory Medicine		Number of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges				
1.	Admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with conditions, disorders, injuries, and disease of the organs of the thorax or chest, airways and lungs, mediastinal contents, diaphragm, and pulmonary circulatory system			
(B) Special Privileges				
2.	Endobronchial ultrasound (EBUS) and transbronchial needle biopsy of mediastinal lymph node			
(C) Others (Please specify)				

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20241024)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____