



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

Cardiology	No. of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
<b>(A) Core Privileges</b>			
1. Cardioversion			
2. Coronary Angiography			
3. Echocardiography			
4. Holter monitoring			
5. Intra Aortic Balloon Pump Insertion and Management			
6. Non-invasive vascular tests			
7. Pericardiocentesis			
8. Balloon Percardiostomy			
9. Pharmacological stress testing			
10. Stress echocardiography			
11. Swann-Ganz catheter insertion			
12. Treadmill Stress ECG			
13. Cardiac Catheterization			
14. Temporary Cardiac Pacing			
15. Peripheral Angiography			
16. Percutaneous Myocardial Biopsy			
17. Transoesophageal 2D/3D-Echocardiography			
18. Sedation for Procedures			
<b>(B) Special Privileges</b>			
19. Cardiac Electrophysiology Studies (EPS) - Diagnostic & Interventional			
20. Cardiac Resynchronisation Therapy (CRT)			
21. Coronary Balloon Angioplasty including Coronary Stenting / Coronary Arthrectomy / Arthrectomy/ Rotablation/ Intravascular Ultrasonography			
22. ICD Implantation			
<b>Adult structural heart interventions</b>			
23. Percutaneous balloon mitral valvuloplasty (PBMV)			
24. Aortic valve balloon valvoplasty			
25. Occluder devices for atrial septal defect (ASD)			
26. Ventricular septal defect (VSD)			
27. Patent ductus arteriosus (PDA)			
28. Patent foramen ovale (PFO)			
29. Permanent Pacemaker Implantation			
30. Peripheral Transluminal Angioplasty / Stenting/ Thrombolysis, including Carotid Artery Intervention			
<b>(C) Others (Please specify)</b>			
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\_\_\_\_\_  
Signature of Applicant

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

(Form version: 20241206)

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Approved by:

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

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