UNION HOSPITAL

HMA Department

Application Form for Privilege – Procedures in Endoscopy (For Surgeon / G.I. / Family Physicians)

Instruction Notes:

(i) For new applicants (no existing admission right or clinical privilege in UH), please complete the form CHM-001 Application Form for Admission Right & Clinical Privileges and attach this form (+/- other privilege forms) as supplementary document(s).
(ii) Please provide supporting evidence of relevant training and experience**.**
(iii) Please submit completed application forms together with supporting documents by post to Human Resources Department, Union Hospital, 18 Fu Kin Street, Tai Wai, NT. Please mark "Application for Admission Right & Clinical Privileges" on the envelope.
(iv) Application processing normally **takes about 12 weeks**. To check status of your application, please contact Human Resources Department at 2608 3158 or email to vms@union.org.
(v) All personal data collected will be treated in strict confidence and be used for application purposes only.

For Hospital Use Only
Date received: _____
App. Ref. No.:_____
Doctor's code:_____

Please complete this form in BLOCK letters.

I. Personal Particulars

Doctor's Name		Doctor's Code in Union Hospital	

II. Training and Experience

Are you a registered Specialist in Gastroenterology or Surgery?
❑ No ❑ Yes, registration with:_____

Are you a Fellow of the Hong Kong Academy of Medicine?
❑ No ❑ Yes, since:_____

Have you ever been granted the privilege to practice in any Endoscopy Centre in Hong Kong or overseas?
❑ No ❑ Yes, please specify:_____

Have you ever been suspended or refused the privilege to practice in any Endoscopy Centre in Hong Kong or overseas?
❑ No ❑ Yes, please specify:_____

III. Previous training and experience (if relevant)

Institution 1		Supervisor	
Year		Email	
Institution 2		Supervisor	
Year		Email	

Remarks: supervisors may be contacted via mail or email to verify information of this application.

IV. Application for Privilege in Performing

For Hospital Use Only
Screened by:
Date:

	Applied	Granted	Remarks
OGD:			
Diagnostic	❑	❑	
Therapeutic	❑	❑	
Insertion of BIB	❑	❑	
Insertion of PEG	❑	❑	
Hemostasis	❑	❑	
Banding of Oesophageal varices	❑	❑	
Polypectomy	❑	❑	
Endoscopic Submucosal Dissection	❑	❑	

(Cont'd)

❑Please ✓ as appropriate. * Please delete as appropriate.

	Applied	For Hospital Use Only: Granted	For Hospital Use Only: Remarks
Colonoscopy:			
Diagnostic	❑	❑	
Therapeutic	❑	❑	
Hemostasis	❑	❑	
Polypectomy	❑	❑	
Endoscopic Submucosal Dissection ***Please provide supplementary information in Section IVa***	❑	❑	
Endoscopy / Other procedures:			
Diagnostic Sigmoidoscopy	❑	❑	
Laryngoscopy	❑	❑	
Nasopharyngoscopy	❑	❑	
ERCP ***Please provide supplementary information in Section IVa***	❑	❑	
Bronchoscopy	❑	❑	
Small Bowel Enteroscopy	❑	❑	
Rigid Cystoscopy	❑	❑	
Flexible Cystoscopy	❑	❑	
Capsule Endoscopy	❑	❑	
Endobronchial Ultrasound	❑	❑	
Endoscopic Ultrasound	❑	❑	
Provision of log of previous training / working experience in the above application areas will be appreciated.	❑	❑	

Section IVa: Supplementary Information for Endoscopic Submucosal Dissection and ERCP *(as appropriate)*

Please provide supporting evidence of relevant training and experience.

	No. of case performed in the past 5 years	Independent or Under supervision *
Endoscopic Submucosal Dissection		Independent / Under supervision
ERCP		Independent / Under supervision

Note: The privilege will be reviewed every 2 years.

V. Declaration

I declare that the information provided above is accurate and true.

Name in BLOCK Letters		HKID No.			
Signature		Initials		Date	

CHM-049-25-3129 (R5)

❑Please ✓ as appropriate. * Please delete as appropriate.

VI. Internal Vetting (For Hospital Use Only)

Head of G.I. and Liver Centre

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Deputy Medical Director (DMD)

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Chief Hospital Manager & Medical Director

Comment	❑ Approved / ❑ Declined		
Signature		Date	

VII. Administration (For Hospital Use Only)

Date of completing PMI Data Entry		Signature	