

University of Maryland Medical System  
 Division of Thoracic and Cardiovascular Surgery  
 Department of Surgery  
 Delineation of Privileges

Applicants for membership in the Department of Surgery of the University of Maryland Medical System may request admission to the active staff, the courtesy staff, or the affiliate staff.

Please indicate the staff category to which you wish to apply:

\_\_\_\_\_ Active      \_\_\_\_\_ Courtesy      \_\_\_\_\_ Affiliate

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

Please comment only in the areas which you wish to apply for privileges

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
<b>Chest Wall</b>		
Resection of Tumor		
Thoracoplasty		
Plastic Reconstruction		
Thoracic Outlet		
Other		
<b>Lung and Pleura</b>		
Pneumonectomy		
Lobectomy		
Segmental or Wedge Resection		
Thoracotomy for Exploration & Biopsy		
Decortication or Pleurectomy		
Drainage of Empyema		
Exploration for Hemorrhage		
Lung Transplantation		
Thoracotomy – Other		
<b>Tracheo-Bronchial Operations</b>		
Tracheostomy		
Resection of Stricture or Tumor		
Repair of Rupture or Laceration		
<b>Mediastinum</b>		
Excision of Tumor or Cyst		
Thymectomy		
Mediastinoscopy and/or Scalene Node Biopsy		
<b>Diaphragm</b>		
Repair of Hernia		
Resection		
<b>Esophagus</b>		
Resection or Bypass for Tumor or Stricture		
Correction of Reflux or Stricture		
Excision of Diverticulum		
Correction of Esophageal Atresia or TEF		
Myotomy		
Ligation of Varices		
Repair and/or Drainage of Perforation or Rupture		

Name: \_\_\_\_\_

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

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
<b>Thoracoscopy</b>		
Lung		
Mediastinum		
Pleura		
Esophagus		
Miscellaneous		
<b>Cardiovascular</b>		
Operations for Congenital Heart Disease		
-Closed Procedures (PDA, Coarct, Shunt)		
-Open Cardiac Procedures Simple (ASD, VSD, etc.)		
-Open Cardiac Procedures Complex (Switch, Fontan, etc.)		
Operations for Acquired Heart Disease		
-Open		
-Aortic Valve		
-Mitral Valve		
-Tricuspid Valve		
-Closed		
-Mitral Valve		
-Cardiotomy for Tumor or FB		
-Heart Transplant		
-Insertion of Cardiac Assist Device		
-Insertion of IABP		
-Pericardiectomy or Drainage of Pericardium		
-Repair of Laceration or Perforation		
-Excision/Repair Ventricular Aneurysm		
-Arrhythmia Surgery (AICD, etc.)		
-Insertion of Pacemaker		
Operations for Coronary Artery Disease		
Operations on Thoracic Great Vessels, Including Repair of Aneurysm		
Vascular Operations Exclusive of Thorax		
-Vascular Repair		
-Embolectomy		
-Endarterectomy		
-Repair or Excision of Aneurysm		
-Vascular Graft or Prosthesis		
Endoscopy		
-Bronchoscopy		
-Esophagoscopy		

Name: \_\_\_\_\_

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

Operative Procedures	Check if Privilege Requested	Chair Approval Initial if Yes Write No if Not Approved
<b>Moderate (Conscious) Sedation</b> - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral &amp; Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
<b>Other Procedures Not Listed</b>		

**Certified: American Board of Surgery** Certificate# \_\_\_\_\_ Date \_\_\_\_\_

**American Board of Thoracic and Cardiovascular Surgery** Certificate# \_\_\_\_\_ Date \_\_\_\_\_

**Other Boards** \_\_\_\_\_ Certificate# \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Certificate# \_\_\_\_\_ Date \_\_\_\_\_

**Fellow, American College of Surgeons** Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
**Applicant's Signature** **Date**

\_\_\_\_\_  
**Division Head's Signature** **Date**

\_\_\_\_\_  
**Stephen T. Bartlett, MD, Chairman** **Date**

\_\_\_\_\_  
**Applicant's Confirming Signature** **Date**  
*(required if privilege requested is not approved)*