

GASTROENTEROLOGY

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility. Provide the number of procedures performed in the last three years for each procedure requested to ensure current experience requirements are met as per the BCMQI dictionary.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Flexible colonoscopy – diagnostic/procedural | Number in last three years: _____ |
| <input type="checkbox"/> Flexible sigmoidoscopy – diagnostic/procedural | Number in last three years: _____ |
| <input type="checkbox"/> Gastroscopy – diagnostic +/- biopsy | Number in last three years: _____ |
| <input type="checkbox"/> IV procedural sedation* | |

*Physicians providing IV procedural sedation without an anesthesiologist present must submit current ACLS certification.

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____