

Breathing Science is Life.

Department of Medicine Interventional Bronchoscopy Privilege Delineation Form

| Click to Request | Privilege Description | Qualifications |
|---------------------|--|---|
| | Endobronchial Laser Ablation | All privileges on this delineation form require primary privileges in Pulmonary Medicine plus successful completion of a fellowship in Interventional Pulmonology unless otherwise approved by the Division Chief and Department Chairman |
| | Endobronchial Electrocautery | |
| | Endobronchial Argon Plasma Coagulation | |
| | Endobronchial and Parenchymal Photodynamic Therapy | |
| | Endobronchial Cryotherapy | |
| | Endobronchial Brachytherapy Catheter Placement | |
| | Airway Stent Placement | |
| | Rigid Bronchoscopy | |
| | Foreign Body Removal | |
| | Endobronchial Valve Placement | |
| | Robotic Bronchoscopy | |
| | Pleural Catheter Placement | |
| | Tracheobronchial Balloonplasty | |
| | Radial/Peripheral Ultrasound | |
| | Percutaneous Tracheostomy | |
| | Laryngeal Mask Airway Use | |
| | Pleuroscopy / Medical Thoracoscopy | |
| | Pleurodesis | |
| | Pleural Biopsy | |
| | Endobronchial Injections | |
| | Electromagnetic Navigation | |
| | Fiducial Marker Placement | |
| | Airway Thermoplasty | |
| | Transthoracic Ultrasound | |

By signing this delineation of privileges form, I attest I meet the qualifications for the privileges I requested. I agree to provide documentation to support my qualifications and current competence if asked to do so by Medical Staff Services.