

Application for Clinical Privileges

- Basic pre-requisite for credentialing of all specialties requires the applicant being holder of a current valid Annual Practising Certificate, in accordance with the provisions of sub-section (2) of section 20A of the Medical Registration Ordinance; and, listing in the General Register of the Medical Council of Hong Kong under the Medical Registration Ordinance (Cap.161).
- Both the Initial Criteria and Renewal Criteria for clinical privileging are undergoing continuous development. It is envisaged that each Specialty will periodically modify or update the various criteria for their credentialing requirements as deemed appropriate to reflect the experience and competency of the Medical Practitioners that would ensure safety and quality.
- Please attach copies of the following documents with this application:
 - Certificate of Registration with the Medical Council of Hong Kong
 - Specialist Registration Certificate
 - Hong Kong Annual Practising Certificate
 - Medical Indemnity Insurance Certificate
- Please complete Parts A, B & C.
- Please provide supporting evidence of related training and experience in support of the application for clinical privileges.
- Please note that it would normally require 10-12 weeks for processing of the application.
- GHK reserves the right to grant particular types of privileges, and all approved privileges are subject to review by GHK.
- Please notify GHK on any changes of the information provided.
- The personal data collected in this application form will only be used by Gleneagles Hong Kong Hospital (GHK) for credentialing. Under the Personal Data (Privacy) Ordinance, you have a right to request access to, and to request correction of, your personal data in relation to your application. If you wish to exercise these rights, please contact GHK Office at Tel: (852) 2528 0028 or Email: credentialing@gleneagles.hk.

PART A
Personal Information

1. Applicant's Personal Particulars				
Applicant's Name			Photo	
Name in Chinese^				
HKID				
Passport No. <small>(Please provide details if you do not possess a HKID card)</small>				
Country of Issue		Expiry Date		
Nationality^				
Date of Birth	DD	MM	YYYY	
Gender*	Female		Male	
Mobile Phone No.				
Email Address				
Marital Status*^	Single	Married	Divorced	
Emergency Contact Person	Name:			
	Relationship:		Contact No.:	
Business Address				
	Contact No.:		Fax No.:	
Residential Address				
Correspondence Address <small>(if different from the above address)</small>				
Current Appointment(s)^ <small>(any paid/unpaid appointment(s) to universities, public organizations or private organizations)</small>				

*Please ☒ as appropriate

^Optional

2. Academic Background		
University Attended		
Degree Obtained		
Year of Graduation		
First registration with Medical Council of Hong Kong	Date (year) :	
	Registration no.:	
	Qualification used:	
Other Quotable Qualifications^	Date (year) :	Qualification:
	Date (year) :	Qualification:
	Date (year) :	Qualification:
	Date (year) :	Qualification:
	Date (year) :	Qualification:
Medical Council of Hong Kong Specialist Registration	Registered in (specialty):	
	Specialist Registration No.:	
Fellowship of Hong Kong Academy of Medicine (specialty)		
Other Specialist Qualifications^		

Medical Indemnity Insurance	MPS No.: _____ or _____					
	Other No.: _____					
	Expiry Date: _____					
MPS subscription rate information* (please refer to the explanatory notes below)	Risk:	HGI	HGM	HKS	HKC	MOB
		COS	INN	SHS	VHR	MHR
		INA	MMR	MLR	PGM	PGZ
		PGP	PGO	XGP	NSM	PHY
		DTC	OCU	others: _____		

*Please ☒ as appropriate
^Optional

Explanatory Notes	
Government and Hospital Authority Rates	<ul style="list-style-type: none"> - HGI: Intern; - HGM: Medical Officer/Medical Officer Trainee/Assistant Professor; - HKS: Senior Medical Officer/Specialist/Associate Professor; - HKC: Consultant/Professor/Director
Private Hospital Rates	<ul style="list-style-type: none"> - MOB: Obstetrics; - COS: Cosmetic/aesthetic practice; - INN: Neurosurgery; - SHS: Super High Risk; - VHR: Very High Risk; - MHR: High Risk; - INA: Anaesthetics; - MMR: Medium Risk; - MLR: Low Risk; - PGM: GP Non Procedural– consultative office procedures and assisting; - PGZ: GP Non Procedural– consultative office procedures and assisting; - PGP: GP Procedural; - PGO: GP Risk with obstetrics; - XGP: Cosmetic and Aesthetic Medicine; - NSM: Non-clinical: advisory services only - PHY: Physiotherapist; - DTC: Dietician; - OCU: Occupational Therapist

3. Referees

Please provide details of three referees including their names, correspondence addresses, faxes/e-mail addresses and indicate their relationship with you after you have obtained their consent. The referees should not be immediate family members or spouse; and should be someone who would be able to comment on your professional attributes.

Name	
Position	
Correspondence Address	
Telephone Number	
E-mail Address/ Fax No.	
Relationship with Applicant	

Name	
Position	
Correspondence Address	
Telephone Number	
E-mail Address/ Fax No.	
Relationship with Applicant	

Name	
Position	
Correspondence Address	
Telephone Number	
E-mail Address/ Fax No.	
Relationship with Applicant	

Unless otherwise specified, consent is deemed given by the applicant to the Hospital to approach the above referees whenever appropriate without prior notification. Please also inform your referees that such consent has been given by you.

PART B
Professional Information

1. WORK EXPERIENCE (in descending chronological order)

Dates (month/year)		Name of Employment Institution	Position Held and Specialty (if part-time please state this clearly)
From	To		

2. PROFESSIONAL SERVICES (OPTIONAL)

Dates & Place	Name/ Type of Service programme (guidelines) / Clinic/ Skills Example: HA Professional bodies (Colleges, Medical Councils, Professional Associations) Private Hospital	Role of Involvement Example: As Council Member As Chairman As President As Board Member

3. EXPERIENCE AS TEACHER / TRAINER (OPTIONAL)

Dates/ Periods	Name of Professional Body Example: University of Hong Kong or Chinese University of Hong Kong or Hospital Authority hospital	Educational Activities Example: Undergraduate Medical and Nursing students (for CUHK, HKU, PolyU or others) Providing specialty training for Colleges of Hong Kong Academy of Medicine	Participation Example: In capacity as honorary teacher: Honorary Associate Professor/ Clinical Teaching In capacity of trainer

4. CURRENT AND PAST ADMISSION RIGHTS AND PRIVILEGES GRANTED BY OTHER PRIVATE HOSPITALS*

Hospitals in Hong Kong	Current	Past	Reason for cessation if no longer current
Canossa Hospital			
Evangel Hospital			
Hong Kong Adventist Hospital - Stubbs Road			
Hong Kong Adventist Hospital - Tsuen Wan			
Hong Kong Baptist Hospital			
Hong Kong Sanatorium & Hospital			
Matilda International Hospital			
Precious Blood Hospital			
St. Paul's Hospital			
St Teresa's Hospital			
Union Hospital			
Non-local Hospitals	Current	Past	Reason for cessation if no longer current
Have you ever had your clinical privileges being refused, evoked or restricted in any way by any hospital? Yes / No^ . If Yes, please give details :			

*Please ☒ as appropriate

^Please delete as appropriate

PART C

Request for Privileges – Radiology

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Core Privileges in Radiology		
<input type="checkbox"/>	Apply for ALL core privileges	
<input type="checkbox"/>	Plain Film reporting	Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong AND Total experience of 7000 cases AND In active practice
<input type="checkbox"/>	Contrast/Fluoroscopy/GI study/IVU	Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong AND Total experience of 540 cases AND In active practice
<input type="checkbox"/>	Ultrasonography	Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong AND Total experience of 1800 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	CT	<p>Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong</p> <p>AND</p> <p>Total experience of 2700 cases</p> <p>AND</p> <p>In active practice</p>
<input type="checkbox"/>	MRI	<p>Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong</p> <p>AND</p> <p>Total experience of 620 cases</p> <p>AND</p> <p>In active practice</p>
<input type="checkbox"/>	Radionuclide Imaging	<p>Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong</p> <p>AND</p> <p>Total experience of 80 cases</p> <p>AND</p> <p>In active practice</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Angiogram/IR	Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong AND Total experience of 60 cases AND In active practice
<input type="checkbox"/>	Mammogram	Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong AND Total experience of 750 cases AND In active practice
<input type="checkbox"/>	Vascular/IR exams	Registered in the Specialist Register in Radiology (S25) of the Medical Council of Hong Kong AND Total experience of 120 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Special Privileges in Radiology (must meet the criteria of Core Privileges as stated above)		
<input type="checkbox"/>	Breast - Biopsies	Total experience of 40 cases AND In active practice
<input type="checkbox"/>	Breast - Biopsies - US guided	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Breast - Biopsies - Stereotactic biopsy/hookwire	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Breast - Biopsies - hookwire /suction bx	Total experience of 4 cases AND In active practice
<input type="checkbox"/>	Breast ultrasound	Total experience of 100 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - CT - Coronary calcium score	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - CT - Coronary angiogram	Total experience of 100 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Cardiovascular Imaging - CT - ECG gated CT thorax	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - CT - Heart function	Total experience of 5 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - CT - Pulmonary angiogram	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - CT - Aortic angiogram	Total experience of 70 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRI - CMR for structure	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRI - Flow analysis of vessels	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRI - Cardiac function and regional wall motion	Total experience of 50 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Cardiovascular Imaging - MRI - Cardiac perfusion study	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRI - Myocardial viability study	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRI - Coronary MRA	In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRI - MRA aorta and branches	Total experience of 40 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRA/V; CTA peripheral vessels	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRA/CTA Peripheral vessels - Doppler upper or lower limb veins	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - MRA/CTA Peripheral vessels - Doppler renal arteries	Total experience of 20 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Cardiovascular Imaging - MRA/CTA Peripheral vessels - Doppler peripheral arteries	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Cardiovascular Imaging - Body angiogram and interventions - Aortogram/Body angiogram	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	GI hepatobiliary Imaging - MRI scan	Total experience of 80 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - CT	Total experience of 170 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - CT temporal bone	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - CT orbit	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - CT nose and paranasal sinuses	Total experience of 40 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Head and Neck Imaging - CT neck (salivary gland & larynx) and face	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI	Total experience of 170 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI orbit	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI IAM CP angle	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI paranasal sinuses	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI nasopharynx	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI neck incl brachial plexus	Total experience of 10 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Head and Neck Imaging - MRI salivary glands	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI oral cavity and oropharynx	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI face	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MRI larynx	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - MR angiogram	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - Ultrasonography	Total experience of 200 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - Ultrasonography- US salivary glands	Total experience of 10 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Head and Neck Imaging - Ultrasonography- US thyroid and parathyroid	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - Ultrasonography - US cervical L.N./neck mass	Total experience of 90 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - Ultrasonography- Spectral Doppler Carotids	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Head and Neck Imaging - FNA	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Musculoskeletal Radiology - CT extremities, spine	Total experience of 80 cases AND In active practice
<input type="checkbox"/>	Musculoskeletal Radiology - MRI craniovertebral junction, spine	Total experience of 80 cases AND In active practice
<input type="checkbox"/>	Musculoskeletal Radiology - MRI limbs, brachial plexus, pelvis	Total experience of 35 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Musculoskeletal Radiology - MRI joints	Total experience of 70 cases AND In active practice
<input type="checkbox"/>	Musculoskeletal Radiology - US limb bone/joint/muscle/soft tissue/spine	Total experience of 70 cases AND In active practice
<input type="checkbox"/>	Musculoskeletal Radiology - US infant hip	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Musculoskeletal Radiology - Procedures (arthrography, IR)	Total experience of 14 cases AND In active practice
<input type="checkbox"/>	Neuroradiology - Angiogram	Total experience of 60 cases AND In active practice
<input type="checkbox"/>	Neuroradiology - MRI	Total experience of 350 cases AND In active practice
<input type="checkbox"/>	Neuroradiology- MR brain	Total experience of 150 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Neuroradiology - MR orbit	Total experience of 25 cases AND In active practice
<input type="checkbox"/>	Neuroradiology - MR IAM	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Neuroradiology - MR pituitary	Total experience of 25 cases AND In active practice
<input type="checkbox"/>	Neuroradiology - MR spine	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Neuroradiology - Others :MR CP angle, brainstem, MRV/MRA, Spectroscopy, Functional studies, Brain mapping studies	Total experience of 25 cases performed in the past AND In active practice
<input type="checkbox"/>	Obs Gynae Imaging - US OBS	Total experience of 300 cases AND In active practice
<input type="checkbox"/>	Obs Gynae Imaging - US OBS 1 st trimester	Total experience of 100 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Obs Gynae Imaging - US OBS 2 nd trimester	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Obs Gynae Imaging - US Gynae	Total experience of 100 cases AND In active practice
<input type="checkbox"/>	Obs Gynae Imaging - MRI	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Obs Gynae Imaging - HSG/OBG related fluoroscopy	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film	Total experience of 200 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film US brain	Total experience of 60 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film US abdomen	Total experience of 100 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Paediatric Imaging - plain film US others	Total experience of 40 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film Ba studies	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film Fluoroscopy: GU	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film Other fluoroscopic study	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film CT brain	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film CT others	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Paediatric Imaging - plain film	Total experience of 60 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Paediatric Imaging - plain film MRI others	Total experience of 40 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - CT thorax	Total experience of 220 AND In active practice
<input type="checkbox"/>	Thoracic Imaging - lung cancer staging	Total experience of 70 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - characterization of lung nodule	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - pulmonary embolism	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - emergency: aneurysm, trauma	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - characterization of CXR abnormality	Total experience of 50 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Thoracic Imaging - malignancy other than lung cancer	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - HRCT	Total experience of 80 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - interstitial lung disease	Total experience of 40 cases AND In active practice
<input type="checkbox"/>	Thoracic Imaging - airway disease	Total experience of 40 cases AND In active practice
<input type="checkbox"/>	Vascular and Interventional Radiology - Level 1	Total experience of 48 cases AND In active practice
<input type="checkbox"/>	Vascular and Interventional Radiology - Level 2	Total experience of 90 cases AND In active practice
<input type="checkbox"/>	Vascular and Interventional Radiology - Level 3 or 4	Total experience of 36 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Vascular and Interventional Radiology - Level 4	Total experience of 6 cases AND In active practice
<input type="checkbox"/>	Vascular and Interventional Radiology - Surgical/laparoscopic sessions	Total experience of 2 cases AND In active practice
<input type="checkbox"/>	Vascular and Interventional Radiology - Interventional endoscopy sessions	Total experience of 2 cases AND In active practice
<input type="checkbox"/>	Vascular and Interventional Radiology - Post IR ward follow up (level 2 or higher)	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	MRI - brain, head & neck	Total experience of 250 cases AND In active practice
<input type="checkbox"/>	Body MRI	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Spine MRI	Total experience of 100 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Musculoskeletal MRI	Total experience of 75 cases AND In active practice
<input type="checkbox"/>	Cardiovascular MR	Total experience of 25 cases AND In active practice
<input type="checkbox"/>	MR hydrogram	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	MR spectroscopy	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Functional MR	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - intestine (appendicitis, pyloric stenosis, intussusception)	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - head & neck	Total experience of 40 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Ultrasonography (special exams) - musculoskeletal	Total experience of 30 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - lower limb for DVT	Total experience of 60 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - O&G	Total experience of 230 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - carotid & vertebral Doppler	Total experience of 50 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - scrotum	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - transrectal US (male)	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - transvaginal US	Total experience of 40 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Ultrasonography (special exams) - US biopsy	Total experience of 40 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - US biopsy - abdomen & pelvis	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - US biopsy - superficial structures	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Ultrasonography (special exams) - US-guided drainage	Total experience of 20 cases AND In active practice
<input type="checkbox"/>	Other Specific Interventional Procedures - RFA	Total experience of 10 cases AND In active practice
<input type="checkbox"/>	Other Specific Interventional Procedures - TACE	Total experience of 10 cases AND In active practice

ACKNOWLEDGMENTS OF THE PRACTITIONER:

I have hereby requested only those privileges for which, by education, training, experience and demonstrated past performance, I am qualified to perform, and that I wish to exercise at the Gleneagles Hong Kong Hospital. I also acknowledge that my professional malpractice and indemnity insurance extends to all privileges that I have requested.

I understand that in exercising any clinical privileges granted, I will abide by hospital and medical staff policies and rules.

Applicant signature : _____

Date (dd-mmm-yy): _____

Applicant Name : _____