

**EMORY FAMILY MEDICINE
Procedure Preceptors**

Type	LL	WB	SS	WM	SBP	EH	HN	JG	EN	JW	SA	LB	ON
Flex Sigmoidoscopy		X	X						X		X	X	
Nasopharyngoscopy		X		X	X				X			X	
Colposcopy		X			X	X	X	X	X	X	X	X	X
Cryotherapy of Cervix						X			X	X		X	X
PB/G-Normal Circumcision		X	X	X		X		X	X			X	X
M/S Circumcision		X											
Joint injections	X	X	X	X	X	X	X	X	X	X	X	X	X
Norplant removal								X	X			X	
Toenail excision	X	X	X	X	X	X	X	X	X		X	X	X
Endometrial Biopsy	X	X	X	X	X	X	X	X	X	X	X	X	X
Splinting	X	X	X	X	X		X	X	X			X	
Treadmill- Stress		X	X		X			X	X		X	X	
Hemorrhoid I&D(incision/drain)	X	X	X	X		X		X	X		X	X	
IUD	X		X	X	X	X		X	Removal Only	X	Removal Only	X	X
Vasectomy									X				
Sebaceous Cyst	X	X	X		X			X			X	X	X
Marsupialization									X				X

LL=Lutz WB=Blount SS=Schayes WM=Meinert EH=Herndon
 HN=Nassery EN=Needham JW=Williams SA=Alfonso LB=Beck
 ON=Nwosu JG=Glass SBP=Sam Brown-Parks

*** Abscess, Ganglion Cyst, Wart removal and Joint Injections can be performed by any provider**