

Please Print Name \_\_\_\_\_

**QUALIFICATIONS:** Licensed physician (DO or MD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

**Of the following, indicate particular privileges requested:** Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

REQ	APP	Privilege Requested:
		<b>Admitting/Consultation</b> privileges for patients with GYN related illnesses and problems
		<b>General Gynecology</b> –Provide pre-, intra-, and postoperative care necessary to treat female patients of all ages presenting with illnesses, injuries and disorders of the gynecologic system perform excisional skin biopsies of benign lesions, particularly nevi, on all areas of the body, excluding face and extremities. Provide non-surgical gynecologic care as necessary, such as colposcopy and urodynamic testing.

**CORE PROCEDURAL PRIVILEGES:** OB/GYN physicians are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicant who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

REQ	APP	Privilege Requested:
		<b>Gynecologic Surgery</b> – Including but not limited to; Surgery of vulva and vagina (benign disorders); surgery of uterus and adnexae, abdominal; surgery of the uterus and adnexae, vaginal; Bartholin gland surgery; vaginal lesions; cervical biopsy; conization trachelorrhaphy; dilation and curettage; culdocentesis; colpotomy; diagnostic laparoscopy and hysteroscopy.

**SPECIAL PROCEDURES:** OB/GYN physicians with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable).

REQ	APP	Privilege Requested:
		<b>Advanced Laparoscopy</b> – Including but not limited to; (Hysterectomy; Adnexectomy; Myomectomy; Bladder neck suspension and lymphadenectomy) Applicants who have recently (within the past 5 years) completed training must submit a letter from their Fellowship Program Director confirming training & experience in Endoscopy; Applicants must provide documentation of current experience; <b>and</b> Supervision requirements may be applied as deemed necessary by the Chairman of Surgery.
		<b>Gynecologic Oncology</b> – Privileges include specialized diagnostic and therapeutic techniques for management of gynecological malignancy. This includes chemotherapy, radical pelvic surgery, aortic, pelvic and inguinal node dissection, pelvic exenteration and procedures to divert bowel and urinary tract when necessary to treat gynecologic cancer.
		<b>Intra-Abdominal Laser Surgery-</b> Certification from a laser course which includes didactic information on safety; Application and clinical experience with specialized laser surgery or hands-on laboratory experience; <b>or</b> Successful completion of a residency or fellowship training program which includes the above training.
		<b>Operative Hysteroscopy</b> – Applicants who have recently (within the past 5 years) completed training must submit a letter from their Fellowship Program Director confirming training & experience in Endoscopy; Applicants must provide documentation of current experience; <b>and</b> Supervision requirements may be applied as deemed necessary by the Chairman of Surgery.
		<b>Radical Pelvic Surgery</b> – Including but not limited to; (Vulva, vagina, uterus and adnexae; exenteration) Applicants who have recently (within the past 5 years) completed training must submit a letter from their Fellowship Program Director confirming training & experience in radical pelvic surgery; <b>or</b> Applicants must provide documentation of current experience; <b>and</b> Supervision requirement may be applied as deemed necessary by the Chairman of Surgery
		<b>Conscious Sedation</b>

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly. I am requesting permission to do these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.

<b>Applicant's Signature:</b>	<b>Date:</b>
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**DEPARTMENTAL REPORT AND RECOMMENDATION:** Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

<b>Signature: Surgery Department Chairman/Vice Chairman</b>	<b>Date:</b>
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Date: \_\_\_\_\_  
Credentials approval

Date: \_\_\_\_\_  
Medical Executive approval

Date: \_\_\_\_\_  
Board of Directors approval