

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 surgeon to treat patients without limitations, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) (APP=Approved)

REQ	APP	Privilege Requested:
		ADMIT evaluate, diagnose, consult and provide non-surgical and surgical care to patients with illnesses, disorders, diseases or injuries of the genitourinary systems.

CORE PROCEDURAL PRIVILEGES: All Urologists are eligible to apply for the following core procedures. Criteria for granting privileges is attached.

REQ	APP	Privilege Requested:
		Endourological Procedures – Percutaneous Nephroscopy, Ureteroendoscopy
		Genitourinary Endoscopy & Endoscopic Surgery
		Genitourological Prosthetic Implantation
		Open Genitourinary Oncology Surgery -With/Without Ileo Or Colonic Conduits
		Reconstructive Genitourinary Procedures
		Renal & Ureteral Stone Surgery, All Procedures
		Urinary Diversion Procedures
		Urinary Incontinence Procedures
		Basic Laparoscopic Procedures (Diagnostic Laparoscopy; laparoscopic lymph node dissection; laparoscopic exploration undescended testicle, Nephrectomy)

SPECIAL PROCEDURES: Urologists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met.

REQ	APP	Privilege Requested:
		Laser: <input type="checkbox"/> Co ₂ <input type="checkbox"/> Argon <input type="checkbox"/> Holmium: YAG <input type="checkbox"/> Nd: YAG <input type="checkbox"/> KTP
		Laparoscopic Cystectomy
		Laparoscopic Prostatectomy
		InterStim Therapy
		Conscious sedation (see attached criteria)

I have reviewed the above list and have checked the privileges to which I am limiting my practice; and having been trained accordingly, am requesting permission for these privileges. 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.

Applicant's Signature:	Date:
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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.

Signature: Surgery Department Chairman/Vice Chairman	Date:
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

UROLOGY

Criteria for Granting Privileges

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants 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.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in Pathology reflective of the scope of privileges requested for the past 24 months.

SPECIAL PROCEDURES

LASER PRIVILEGES

A physician requesting laser privileges will provide documentation of current proficiency and knowledge of laser procedures.

1. Laser surgery course with content consistent with the privileges being requested; **OR**
2. Letter from a residency director documenting adequate training for the privileges being requested; **OR**
3. Letter of explanation which requests that these privileges be granted without the above requirements being met.

LAPAROSCOPIC CYSTECTOMY AND LAPAROSCOPIC PROSTATECTOMY PRIVILEGES

A physician requesting laparoscopic Cystectomy or Laparoscopic Prostatectomy privileges will provide documentation, as follows:

1. Documentation of education/training during their formal Residency/Fellowship program; **OR**
2. Documentation of training acceptable to the Department of Surgery; **AND**
3. Current unsupervised general laparoscopic privileges

INTERSTIM THERAPY

A physician requesting InterStim Therapy Privileges will provide documentation of training in a course specific to InterStim Therapy.

CONSCIOUS SEDATION PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.