ADVANCED SURGICAL PRIVILEGES FORM / GENERAL SURGERY

Applicant's Name: .....

License No. (If Any): ..... Date: D D M M Y Y Y Y

CATEGORY I: NECK SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Excision of branchial cyst	☐		☐	☐	
2. Excision of thyroglossal cyst / fistula	☐		☐	☐	
3. Thyroidectomy	☐		☐	☐	
4. Parotidectomy	☐		☐	☐	
5. Submandibular sialoadenectomy	☐		☐	☐	
6. Cervical sympathectomy	☐		☐	☐	
7. Modified radical neck dissection	☐		☐	☐	

CATEGORY II: GASTROESOPHAGEAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Esophagectomy	☐		☐	☐	
2. Vasoligation of esophageal & gastric varices	☐		☐	☐	
3. Esophageal transection	☐		☐	☐	
4. Partial gastrectomy for benign lesions	☐		☐	☐	
5. Radical gastrectomy	☐		☐	☐	
6. Laparoscopic gastrectomy	☐		☐	☐	
7. Open gastrojejunostomy	☐		☐	☐	
8. Laparoscopic gastrojejunostomy	☐		☐	☐	
9. Vagotomy – gastrojejunostomy	☐		☐	☐	
10. Laparoscopic fundoplication	☐		☐	☐	
11. Laparoscopic repair of diaphragmatic hernia	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / GENERAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
12. Laparoscopic Hellers Myotomy	☐		☐	☐	
13. Cystogastrostomy	☐		☐	☐	

CATEGORY III: SPLEEN AND LYMPH NODES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Splenectomy for trauma	☐		☐	☐	
2. Laparoscopic splenectomy	☐		☐	☐	
3. Laparoscopic omentectomy	☐		☐	☐	
4. Laparoscopic lymph node biopsy	☐		☐	☐	
5. Laparoscopic adhesiolysis	☐		☐	☐	

CATEGORY IV: HEPATOBILIARY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic common bile duct exploration	☐		☐	☐	
2. Laparoscopic drainage of liver abscess	☐		☐	☐	
3. Marsupialization of hydatid cyst of liver	☐		☐	☐	
4. Partial hepatectomy	☐		☐	☐	
5. Laparoscopic hepatic segmentectomy	☐		☐	☐	
6. Hepaticojejunostomy	☐		☐	☐	
7. Choledochoduodenostomy	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / GENERAL SURGERY

CATEGORY V: PANCREAS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Distal pancreatectomy	☐		☐	☐	
2. Laparoscopic distal pancreatectomy	☐		☐	☐	
3. Pancreaticoduodenectomy (Whipple)	☐		☐	☐	
4. Pancreatojejunostomy (Puestow)	☐		☐	☐	

CATEGORY VI: SMALL BOWEL

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Cystojejunostomy	☐		☐	☐	

CATEGORY VII: COLORECTAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Right hemicolectomy	☐		☐	☐	
2. Left hemicolectomy	☐		☐	☐	
3. Sigmoid colectomy	☐		☐	☐	
4. Hartmann`s procedure	☐		☐	☐	
5. Reversal of Hartmann	☐		☐	☐	
6. Anterior resection	☐		☐	☐	
7. Total colectomy	☐		☐	☐	
8. Laparoscopic right hemicolectomy	☐		☐	☐	
9. Laparoscopic left hemicolectomy	☐		☐	☐	
10. Laparoscopic sigmoid colectomy	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / GENERAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
11. Laparoscopic anterior resection	☐		☐	☐	
12. Laparoscopic total colectomy	☐		☐	☐	
13. Laparoscopic rectopexy	☐		☐	☐	
14. Sphincteroplasty	☐		☐	☐	
15. Ileal pouch and ilio-anal anastomosis	☐		☐	☐	

CATEGORY VIII: BREAST

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Lumpectomy / axillary clearance	☐		☐	☐	
2. Sentinel lymph node dissection	☐		☐	☐	
3. Mastectomy	☐		☐	☐	

CATEGORY IX: ADRENALS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Adrenalectomy	☐		☐	☐	
2. Laparoscopic adrenalectomy	☐		☐	☐	

CATEGORY X: HERNIA

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Repair of large hernia with dermo-lipectomy	☐		☐	☐	
2. Open repair of hernia with anterior component separation	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / GENERAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
3. Open repair of hernia with posterior component separation	☐		☐	☐	
4. Open repair of lumbar hernia	☐		☐	☐	
5. Open repair of incisional hernia	☐		☐	☐	
6. Laparoscopic repair of inguinal hernia	☐		☐	☐	
7. Laparoscopic repair of femoral hernia	☐		☐	☐	
8. Laparoscopic repair of epigastric hernia	☐		☐	☐	
9. Laparoscopic repair of paraumbilical hernia	☐		☐	☐	
10. Laparoscopic repair of lumbar hernia	☐		☐	☐	
11. Laparoscopic repair of incisional hernia	☐		☐	☐	
12. Laparoscopic repair of hernia with anterior component separation	☐		☐	☐	

CATEGORY XI: BARIATRIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic sleeve gastrectomy	☐		☐	☐	
2. Laparoscopic insertion/ removal of gastric band	☐		☐	☐	
3. Laparoscopic gastric bypass	☐		☐	☐	
4. Laparoscopic duodenal switch	☐		☐	☐	
5. Endoscopic gastric balloon insertion	☐		☐	☐	
6. Endoscopic gastric balloon removal	☐		☐	☐	
7. Revisional bariatric procedure	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / GENERAL SURGERY

ADDITIONAL PRIVILEGE (NOT INCLUDED ABOVE)

Privileges	For applicant use		For committee use				
	Request	Signature	Recommended			Not Recommended	Reason for rejection (if any)
			Facility type				
			Hospital	Day care	Clinic under LA		

Note:
You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date: DD MM YYYY

ADVANCED SURGICAL PRIVILEGES FORM / GENERAL SURGERY

FOR COMMITTEE USE ONLY

Committee Decision:

Evaluation type:

- By Interview ☐ virtual / personal
- By documents only ☐
- Or both ☐

Other comments:

.....

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant, and We have made the above-noted recommendation(s).

Clinical privileging committee members:

.....
Name, Signature & Stamp

Date: D D M M Y Y Y Y

.....
Name, Signature & Stamp

Date: D D M M Y Y Y Y

.....
Name, Signature & Stamp

Date: D D M M Y Y Y Y

.....
Name, Signature & Stamp

Date: D D M M Y Y Y Y

.....
Name, Signature & Stamp

Date: D D M M Y Y Y Y

.....
Name, Signature & Stamp

Date: D D M M Y Y Y Y