

ADVANCED SURGICAL PRIVILEGES FORM / PEDIATRIC SURGERY

Applicant's Name:

License No. (If Any): Date:

CATEGORY I: GENERAL PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Insertion of peritoneal dialysis catheter	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Lymph nodes biopsy neck region	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Excision of branchial cyst/fistula	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Excision of cystic hygroma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY II: ABDOMINAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Operative reduction of intussusceptions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Resection of mesenteric & omental cysts	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Small bowel resection with or without anastomosis past neonatal period	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Creation of ileostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Closure of ileostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Creation of colostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Closure of colostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Large bowel resection & anastomosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Cut back procedure of anal stenosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Surgery for rectal prolapse	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Total and partial splenectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Surgery for omphalomesenteric remnants	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Surgery for intestinal obstruction past the neonatal period	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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CATEGORY III: THORACIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Tracheostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Lung biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Thoracotomy lung lobectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Surgery for esophageal replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Fundoplication	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Heller's Procedure	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Endoscopy:					
a. Bronchoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
b. Esophagoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Correction of chest wall deformities	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Repair of diaphragmatic eventration	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY IV: NEONATAL SURGERY (ABDOMINAL)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery for neonatal intestinal obstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Creation of colostomy for ARM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Repair of esophageal atresia & TEF (open)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Surgery for NEC	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Repair of diaphragmatic hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Omphalocele	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Repair of exomphalos minor	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Repair of exomphalos major	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
9. Repair of gastroschisis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Repair of other midline abdominal & chest wall defects excluding umbilical hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY V: LIVER/ BILIARY TREE

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery of biliary atresia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Surgery for choledochal cyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Cholecystectomy (open)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Exploration of common bile duct	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY VI: PANCREAS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Internal drainage for pancreatic pseudocyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Distal pancreatic resection	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Exploration pancreatic duct & duct drainage or repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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CATEGORY VII: RENAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery for ureteropelvic junction obstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Cystourethroscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Urethral dilation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Surgery for urethral stricture	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Fulguration of posterior urethral valve	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. STING for vesicoureteric reflux	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Vesicoureteric reimplantation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Cystolithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Uretero-lithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Nephrolithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Partial nephrectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Total nephrectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Urinary diversion: temporary & permanent	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Augmentation cystoplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Bladder neck reconstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Surgery for urinal incontinence	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
17. Bladder exstrophy surgery	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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CATEGORY VIII: SUPRARENAL GLAND

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Adrenalectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY IX: EXTERNAL GENITALIA SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Meatotomy/ dilatation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Meatoplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. MAGPI procedure for hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Repair of distal penile hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Repair of midshaft hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Correction of penile chordee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Correction of penile torsion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Repair of proximal and perineal hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Redo hypospadias repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Repair of urethral fistula	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Surgery for ambiguous genitalia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Surgery for vaginal atresia & obstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Vaginal reconstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Surgery of cloacal anomalies	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Surgery of urogenital sinuses	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Surgery for lesions of the genitourinary system	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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CATEGORY X: LARGE BOWEL, RECTUM, AND ANUS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Endorectal pull through (Soave)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Swenson procedure for Hirschsprung disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Duhamel procedure for Hirschsprung disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Transanal pull through	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Anoplasty for low ARM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Posterior sagittal anorectoplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Abdominoperineal pull through for ARM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Excision of perianal abscesses	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Surgery for fistula-in-ano	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Hemorrhoidectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY XI: LAPAROSCOPIC & THORACOSCOPIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic appendectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Laparoscopic exploration orchiopexy for intra-abdominal testis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Laparoscopic pyloromyotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Laparoscopic exploration for acute abdomen	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Laparoscopic exploration for trauma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Laparoscopic cholecystectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Laparoscopic resection of ovarian cysts	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Laparoscopic excision of abdominal lesions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
9. Laparoscopic procedures that include intra- corporeal knotting	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Laparoscopic bowel resection & intra- corporeal anastomosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Laparoscopic splenectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Laparoscopic pull through	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Laparoscopic abdominal biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Laparoscopic suprarenal lesion excision	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Thoracoscopic lung biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Thoracoscopic lobectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
17. Thoracoscopic repair of diaphragmatic hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
18. Thoracoscopic repair of diaphragmatic eventration	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
19. Thoracoscopic excision of bronchogenic cyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
20. Thoracoscopic repair of esophageal atresia & TEF	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY XII: NECK SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Thyroid Surgery	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Parathyroid Surgery	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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CATEGORY XIII: UPPER GIT ENDOSCOPY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Rigid esophagoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Flexible esophagoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Gastroscopy for foreign body	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Gastroscopy diagnostic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Esophago- gastroduodenoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Endoscopic papillotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY XIV: LAPAROSCOPIC GENITOURINARY SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic exploration for undescended testis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Laparoscopic orchiopexy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Laparoscopic high ligation for hydrocele	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Laparoscopic excision of multi-cystic kidney	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Laparoscopic nephrectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Laparoscopic resection of kidney lesions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Laparoscopic uretero-lithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Laparoscopic pyeloplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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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:

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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).

.....
Name, Signature & Stamp

Date:

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Name, Signature & Stamp

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