

CORE SURGICAL PRIVILEGES FORM / UROLOGY

Applicant's Name:

License No. (If Any): Date: DD MM YYYY

CATEGORY I: GENERAL PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
A. Kidney					
1. Simple nephrectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Surgery for renal cysts and abscesses	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Management of renal injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Nephrostomy & renal biopsy (open)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Nephropexy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Nephrolithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Pyelolithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
B. Ureter					
1. Ureterolithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Excision of ureteric segment and end to end anastomosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Ureteric reimplantation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Extended psoas hitch	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Ureterolysis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CORE SURGICAL PRIVILEGES FORM / UROLOGY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
C. Bladder					
1. Repair of traumatic bladder injuries	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Vesicolithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
D. Penis					
1. Circumcision	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Meatotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Meatoplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
E. Testicle and scrotum					
1. Testicular biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Operations for hydrocele	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Orchidopexy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Radical orchidectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Orchidectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Epididymectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Excision of spermatocele	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Excision of epididymal cyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Vasectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Surgery for scrotal skin infection	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Testicular implant	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CORE SURGICAL PRIVILEGES FORM / UROLOGY

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

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
G. Miscellaneous					
1. Varicocelectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Inguinal hernia repair with varicocelectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CATEGORY II: ENDOSCOPIC PROCEDURE

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Urethroscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Urethral dilatation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Optical urethrotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Cystoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Bladder biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. TUR-BT	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. TUR-P	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Ureterotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Percutaneous nephrolithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Use of laser in endoscopic procedures	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

CORE SURGICAL PRIVILEGES FORM / UROLOGY

CATEGORY III: SPECIAL UROLOGIC PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Percutaneous suprapubic catheter insertion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. ESWL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Insertion of nephrostomy tubes	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Ultrasound of the urinary tract	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Urodynamic study	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Note:

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

Applicant's signature Date:

CORE SURGICAL PRIVILEGES FORM / UROLOGY

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:

.....

Name, Signature & Stamp

Date:

.....

Name, Signature & Stamp

Date:

.....

Name, Signature & Stamp

Date:

.....

Name, Signature & Stamp

Date:

.....

Name, Signature & Stamp

Date:

.....

Name, Signature & Stamp

Date:

.....

Name, Signature & Stamp

Date: