



Surgical Privileges Form: Urology

Clinical Privileges Request

(Core Privileges / For Associate only)

Applicant's Name:

Scope of Practice:

License No. (If Any):

Facility:

Date:

Instructions

For applicant:

1. Please note that you should sign next to each requested privilege.
2. Please use this sign (v) for the requested privilege.
3. Please leave any procedures you do not want to apply for, blank and don't use (X) sign.
4. Please do not write additional privilege out of your scope of practice, as it will not be accepted.
5. Please do not write anything in the "for committee Use "section.
6. For additional privilege, do not choose the already granted privilege.
7. Please attach the previous approval of surgical privilege when you apply for additional privilege.
8. Please note that you can apply for Appeal within one month of the date of Issuance of the Privilege.
9. You can only apply once for Appeal per a single Privilege Application.

For committee:

1. Please note that the final decision must be signed by minimum 2 committee members.
2. Please use this sign (v) for recommended and not-recommended privilege.
3. Please note that granting privileges under supervision is not permitted. Please do not write "under supervision" note next to any privilege.
4. Please specify the reasons for rejection (if applicable); for example (require experience, logbook is insufficient, need additional courses, etc.)



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Category I: General Procedures

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not recommended	Reason for rejection (If any)
Kidney					
1- Simple nephrectomy					
2- Surgery for renal cysts and abscesses					
3- Pyeloplasty					
4- Management of renal injuries					
5- Nephrostomy & renal biopsy (Open)					
6- Nephropexy					
Ureter					
1- Ureterolithotomy					
2- Excision of ureteric segment and end to end anastomosis					
3- Ureteric reimplantation					
4- Ureterocalycostomy					
5- Extended psoas hitch					
Bladder					
1- Repair of traumatic bladder injuries					
2- Diverticulectomy					



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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not recommended	Reason for rejection (If any)
Prostate					
1- Simple retropubic prostatectomy					
2- Transvesical prostatectomy					
Penis					
1- Circumcision					
2- Meatotomy					
3- Meatoplasty					
Testicle and scrotum					
1- Testicular biopsy					
2- Operations for hydrocele					
3- Orchidopexy					
4- Radical orchidectomy					
5- Orchidectomy					
6- Epididymectomy					
7- Excision of spermatocele					
8- Excision of epididymal cyst					
9- Vasectomy					
10- Surgery for scrotal skin infection					



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Category II: Endoscopic Procedures

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not recommended	Reason for rejection (If any)
1. Urethroscopy					
2. Urethral dilatation					
3. Optical urethrotomy					
4. Cystoscopy					
5. Bladder biopsy					
6. TUR-BT					
7. TUR-P					
8. Ureterorenoscopy					
9. Ureterotomy					
10. Endopyelotomy					
11. Percutaneous nephrolithotomy					
12. Use of laser in endoscopic procedures					



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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					
2- ESWL					
3- Insertion of nephrostomy tubes					
4- Ultrasound of the urinary tract					



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Note:

- You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.
- Granting privileges under supervision is no longer permitted

By signing below, I acknowledge that I have read, understand, and agree to abide by DHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

- a) In exercising any clinical privileges granted, I am constrained by DHP's policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the recognized policies and rules.

.....
Applicant's signature (Stamp if any)

.....
Date

.....
Medical Director (of the facility the applicant will perform surgeries in) Stamp & 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:

.....

Evaluation Committee Chairman:

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

.....
Chairperson's Stamp & signature

.....
Date

Other Committee Members:

.....
1) Name

.....
Date

.....
1) Name

.....
Date