



**Surgical Privileges Form: General surgery
(Core Privileges/ For Associate Only)**

Clinical Privileges Request

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 do not 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: Skin & subcutaneous Surgery (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Excision of Sebaceous cyst					
2. Excision of Lipoma					
3. Excision of Ingrown nail					
4. Excision of skin nodule / wart					
5. Incision and drainage of abscess					
6. Aspiration of skin swelling (FNA)					
7. Excision of Pilonidal Sinus					
8. Ray`s mid- metatarsal Amputation of toe					
9. Debridement of Diabetic Foot					
10. Cut wound Suturing					
11. Foreign body removal					

CATEGORY II: Neck Surgery (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1.Excision of Lymph node					
2.Thyroid FNA					



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CATEGORY III: Gastroesophageal Surgery (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Partial Gastrectomy for Benign lesions					
2. Gastrojejunostomy					
3. Laparoscopic closure of Perforated duodenal Ulcer					
4. Feeding Jujenostomy					

CATEGORY IV: Spleen & Lymph Nodes (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Splenectomy for trauma					
2. Laparoscopic Peritoneal biopsy					

CATEGORY V: Hepatobiliary (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
Laparoscopic Cholecystectomy					



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CATEGORY VI: Small Bowel (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Open & Laparoscopic Appendectomy					
2. Laparoscopic Mickle`s Diverticulectomy					
3. Small Bowel Resection & Anastomosis					
4. Laparotomy and Exploration					
5. Laparoscopic Exploration					

CATEGORY VII: Colorectal Surgery (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Right hemicolectomy					
2. Hartmann`s Procedure					
3. Haemorrhoidectomy					
4. Fistulectomy / Fistulotomy					
5. Fissurectomy / Sphincterotomy					



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CATEGORY VIII: Breast (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. FNA / Core Biopsy					
2. Lumpectomy for benign conditions					

CATEGORY IX: Hernia (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Open repair of inguinal Hernia					
2. Open repair of femoral Hernia					
3. Open repair of Epigastric Hernia					
4. Open repair of Paraumbilical Hernia					
5. Open repair of Lumbar Hernia					
6. Open repair of Incisional Hernia					

Category XI: Additional (Core Privileges)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1-Stripping of Varicose Veins and perforators ligation					



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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