



**Surgical Privileges Form: General surgery
(Advanced Privileges/for Specialty 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: NECK SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Excision of Brancheal cyst					
2. Excision of Thyroglossal cyst/ Fistula					
3. Thyroidectomy					
4. Parotidectomy					
5. Submandibular Sialadenectomy					
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. Radical Gastrectomy					
5. Laparoscopic Gastrectomy					



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6. Laparoscopic Gastrojejunostomy					
7. Vagotomy – Gastrojejunostomy					
8. Laparoscopic Fundoplication					
9. Laparoscopic Repair of Diaphragmatic Hernia					
10. Laparoscopic Hellers Myotomy					
11. Cystogastrostomy					

CATEGORY III: 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					



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CATEGORY IV: SPLEEN & LYMPH NODES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic Splenectomy					
2. Laparoscopic Omentectomy					
3. Laparoscopic Lymph Node Biopsy					
4. Laparoscopic Adhesiolysis					

CATEGORY V: 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. Marsipulization of Hydatid cyst of Liver					
4. Partial Hepatectomy					
5. Laparoscopic Hepatic segmentectomy					
6. Hepaticojejunostomy					



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7. Choleduchoduodenostomy					
8. Carcinoma of the Gall Bladder					
9. Carcinoma of the Billiary tree					

CATEGORY VI: 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. Pancreatecoduodenectomy (Whipple)					
4. Pancreaticojejunostomy (Puestow)					

CATEGORY VII: SMALL BOWEL

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



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CATEGORY VIII: COLORECTAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Left hemicolectomy					
2. Sigmoid Colectomy					
3. Reversal of Hartmann					
4. Anterior Resection					
5. Total Colectomy					
6. Laparoscopic right hemicolectomy					
7. Laparoscopic Left hemicolectomy					
8. Laparoscopic Sigmoid Colectomy					
9. Laparoscopic Anterior Resection					
10. Laparoscopic Total Colectomy					
11. Laparoscopic Rectopexy					
12. Sphincteroplasty					
13. Ileal pouch and ilio-anal anastomosis					



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CATEGORY IX: 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 X: ADRENALS

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

CATEGORY XI: HERNIA

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Repair of Large Hernia with Dermolipectomy					
2. Open repair of hernia with Anterior Component separation					



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3. Open repair of hernia with Posterior Component Separation					
4. Laparoscopic repair of inguinal Hernia					
5. Laparoscopic repair of femoral Hernia					
6. Laparoscopic repair of Epigastric Hernia					
7. Laparoscopic repair of Paraumbilical Hernia					
8. Laparoscopic repair of Lumbar Hernia					
9. Laparoscopic repair of Incisional Hernia					
10. Laparoscopic repair of hernia with Anterior Component separation					



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CATEGORY XII: ADDITIONAL PRIVILEGES

Privileges	<i>For applicant use</i>		<i>For committee use</i>		
	<i>Request</i>	<i>Signature</i>	<i>Recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>

Notes:

- If additional privilege(s) are desired, please indicate this in the space provided above.
- 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.



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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

.....
2) Name

.....
Date