



Privileges in Urology Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA accredited Residency/Fellowship in Urology or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Urology by the American Board of Urology or by the American Osteopathic Board of Surgery or foreign equivalent training/board.

AND

Documentation or attestation of the management of illness or injury of the genitourinary system for at least 100 inpatients or outpatients as the attending physician (or senior resident) during the past two years

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Assist Only

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Assist Only - Serving as Assist [CRITERIA - Initial - must meet initial Education/Training criteria above.	

Qualifications

Additional Information No Admitting privileges
 Must have primary surgeon in attendance for all procedures scheduled

Renewal Must maintain reappointment activity of 11+ per year
 Maintain current certification or active participation in the examination process leading to certification in general surgery by the American Board of Urology or the American Osteopathic Board of Surgery or foreign equivalent training/board

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Assist Only - Urology

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Core privileges include the following:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to either surgical or medical patients presenting with illness or injury of the genitourinary system.	
	Cystoscopy	
	Female incontinence, all categories	
	Treatment of pelvic floor prolapse	

	Lymphadenectomy, pelvic, inguinal, retroperitoneal	
	Penile surgery	
	Placement of penile prosthesis	
	Percutaneous renal surgery	
	Ureteral catheterization; pyelography, stent placement or removal, ureteral dilation	
	Vasectomy	
	Vasectomy reversal, varicoelectomy, including microscopic-assisted surgery	
	Renal surgery, including pyeloplasty, partial, total, or radical nephrectomy	
	Scrotal surgery	
	Prostate biopsy, insertion of fiducial markers, perioprostatic injection	
	Transurethral prostate surgery including incision, resection of fiducial markers, perioprostatic injection	
	Transurethral resection or ablation of bladder tumor	
	Ureterscopy including lithotripsy, biopsy, treatment of stricture, tissue ablation	
	Urethroplasty/urethral surgery, urethral sling	
	Ileal or colon conduit urinary diversion	
	Biopsies - bladder, genitalia, lymph node, prostate, urethral	
	Circumcision	
	Simple prostatectomy	
	Partial or total adrenalectomy	
	Partial or total penectomy	
	Radical prostatectomy	
	Partial or total cystectomy	
	Continent urinary diversion	
	Placement of artificial urinary sphincter	
	Radical cystectomy, anterior exenteration, pelvic exenteration	
	Sacral nerve electrode placement	

Qualifications

Renewal Criteria Minimum 100 Core cases required during the past 2 years
 Maintain current certification or active participation in the examination process leading to certification in Urology by the American Board of Urology or American Osteopathic Board of Surgery or foreign equivalent training/board.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Urology

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Central Venous Catheter Insertion [CRITERIA - Complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only]	
	Cryoablation Procedures [CRITERIA - Initial - Advanced fellowship training in minimally invasive or urologic oncology, or Certificate of training with equivalent experience of 5 cases. Renewal - Minimum 2 cases required during the past 2 years]	
	Kidney transplants [CRITERIA - Initial - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation. Renewal - Minimum 10 cases required during the past 2 years]	
	Laparoscopic cystectomy [CRITERIA - Initial - Advanced fellowship training in minimally invasive or urologic oncology, or Certificate of training with equivalent experience of 5 cases. Renewal - Minimum 2 case required during the past 2 years]	
	Laparoscopic partial or total nephrectomy [CRITERIA - Initial - Advanced fellowship training in minimally invasive or urologic oncology, or Certificate of training with equivalent experience of 5 cases. Renewal - Minimum 4 case required during the past 2 years]	
	Laparoscopic radical or simple prostatectomy. [CRITERIA - Initial - Advanced fellowship training in minimally invasive or urologic oncology, or certificate of training with equivalent experience of 5 cases. Renewal - Minimum 4 cases required during the past 2 years]	
	Laparoscopic Retroperitoneal lymph node dissection (RPLND) [CRITERIA - Initial - Advanced fellowship training in minimally invasive or urologic oncology, or Certificate of training with equivalent experience of 5 cases. Renewal - Minimum 1 case required during the past 2 years]	
	Radium seed implantation for prostate cancer in conjunction with a radiologist [CRITERIA - Initial - Must have performed at least 5 prostate seed implantation procedures in the past 2 years (log required) Certificate of training that covers the physics and handling of radioactive materials. Renewal - Minimum 5 cases required during the past 2 years]	
	Robotic surgery - Mulit-port [CRITERIA - Initial - Completion of Intuitive two-day training course. Certificate required. And Five (5) cases proctored by an approved surgeon -OR- Letter from Department Chair documenting competency and documentation of a minimum of 10 robotic cases in the past 2 years. Case log required. Renewal -Minimum 5 cases required during the past 2 years]	
	Robotic surgery - Single-Port [CRITERIA - Initial - Completion of Intuitive two-day training course • Certificate required. And Five (5) cases proctored by an approved surgeon. -OR- Letter from Department Chair documenting competency and documentation of a minimum of 10 robotic cases in the past 2 years. Case log required. Renewal -Minimum 5 cases required during the past 2 years.]	
	Stereotactic Radiosurgery Performed in collaboration with Radiation Oncology [CRITERIA - Initial - Manufacturer's training course • Observe four (4) cases • Proctored for four (4) cases by Stanford Faculty • Letter from co-director of Cyberknife program and/or letter from Radiation Oncology Clinical Chief. Renewal - Minimum 2 cases required during the past 2 years]	

	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Vaginal hysterectomy [CRITERIA: advanced fellowship training in female pelvic medicine and reconstructive urology and must have performed 5 in past 2 years (log required) Renewal - Minimum 4 cases in past 2 years]	

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- Administration of Moderate Sedation
- Central Venous Catheter Insertion
- Cryoablation Procedures
- Kidney transplants (Chart Review)
- Kidney transplants (Direct Observation)
- Laparoscopic cystectomy
- Laparoscopic partial or total nephrectomy
- Laparoscopic radical or simple prostatectomy
- Laparoscopic Retroperitoneal lymph node dissection (RPLND)
- Radium seed implantation for prostate cancer in conjunction with a radiologist
- Robotic surgery (Chart Review)
- Robotic surgery (Direct Observation)
- Stereotactic Radiosurgery

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date