

## APP PRIVILEGES IN UROLOGY

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**.
5. As the Supervising Physician I have reviewed and agree to the Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

Required Qualifications	
<b>Education/Training</b>	Successful completion of a PA or NP program
<b>Licensure</b>	Current Licensure as a PA or RN in the state of CA Current certification as a NP in the state of California
<b>Certification (Initial and Reappointment)</b>	Current Certification as a PA or NP by a nationally accredited organization
<b>Additional Qualifications (Initial and Reappointment)</b>	Current BLS from the American Heart Association. Current DEA required (DEA and Nurse Practitioner Furnishing Exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)
<b>Renewal Criteria</b>	Maintenance of all the above qualifications.
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.
<b>Definitions</b>	"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. "Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure. "Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

**Patient Population**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Patient Population</b>		
<input type="checkbox"/>	Infant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Setting</b>		
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>

**Provide care on LPCH patients in specific areas of SHC**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Additional Request</b>		
<input type="checkbox"/>	For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit	<input type="checkbox"/>	<input type="checkbox"/>

**Core Privileges - PHYSICIAN ASSISTANT (PA)**

Request <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria** Minimum of 22 core cases required during the past two years

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

Core - PHYSICIAN ASSISTANT (PA)

**Core Privileges - NURSE PRACTITIONER (NP)**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]-	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria** Minimum of 22 core cases required during the past two years

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

Core - NURSE PRACTITIONER (NP)

**Standardized Protocols/Standardized Procedures**

**Description:** (requires selection of a core professional role above)

Request <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <input type="checkbox"/>
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
<input type="checkbox"/>	MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - New hire APP are not eligible for this privilege. In order to apply for this privilege, the APP must complete a minimum of one year of ordering of chemotherapy/biotherapy with co-signature. The one year supervision requirement may be waived by the attending MD if the APP is experienced in chemotherapy/biotherapy. The APP must hold a current ONS/ONCC Chemotherapy/Biotherapy certificate which must be renewed every 2 years as required by ONS. Minimum 5 chart reviews annually.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Personal Supervision</b>		
<input type="checkbox"/>	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ROBOTICS ASSISTED SURGERY ASSISTANT [CRITERIA - Initial - Must meet Core Criteria. Must be approved for FIRST ASSISTANT privilege. Completion of "da Vinci Multi - Port Training Passport Technology Training Pathway: First Assistant" Certificate required - OR - Letter from attending surgeon documenting competency and documentation of a minimum of 24 robotics procedures during the past 2 years. Case log required. Renewal - Minimum 24 procedures required during the past 2 years]	<input type="checkbox"/>	<input type="checkbox"/>

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- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)
- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- Robotic Assisted Surgery Assistant - (Chart Review)
- Robotic Assisted Surgery Assistant - (Direct Observation)
- Medications - Independent Chemotherapy Ordering - (Chart Review)
- Medications - Independent Chemotherapy Ordering - (Direct Observation)

**Division**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>(Select division which corresponds to your Supervising Physician)</b>		
<input type="checkbox"/>	UROLOGY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	URO-ONCOLOGY - ONS Chemotherapy certification required within one year of hire. The ONS chemotherapy certification must be renewed every 2 years.	<input type="checkbox"/>	<input type="checkbox"/>

**Standardized Protocols/Standardized Procedures**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
<input type="checkbox"/>	BLADDER INSTILLATION [CRITERIA - Minimum of 6 cases each required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FLEXIBLE CYSTOSCOPY - STENT REMOVAL AND CATHETER PLACEMENT [CRITERIA - Minimum of 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FLEXIBLE DIAGNOSTIC CYSTOSCOPY [CRITERIA - Minimum of 12 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PELVIC FLOOR THERAPY [CRITERIA - Minimum of 6 cases each required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS) [CRITERIA - Minimum of 6 cases each required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PESSARY FITTING/PLACEMENT AND REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	STEREOTACTIC FIDUCIAL MARKER [CRITERIA - Minimum of 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TRANSRECTAL ULTRASOUND (WITH OR WITHOUT PROSTATE BIOPSY) [CRITERIA - Minimum of 6 cases each required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	URODYNAMIC STUDY (UDS) [CRITERIA - Minimum of 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Initial Criteria**                      Must Also Meet the Core Criteria

**Renewal Criteria**                      Criteria noted above for each privilege

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- Bladder Instillation - (Chart Review)
- Bladder Instillation - (Direct Observation)
- Flexible Cystoscopy - Stent Removal and Catheter Placement - (Chart Review)
- Flexible Cystoscopy - Stent Removal and Catheter Placement - (Direct Observation)
- Flexible Diagnostic Cystoscopy - (Chart Review)
- Flexible Diagnostic Cystoscopy - (Direct Observation)

- Pelvic Floor Therapy - (Chart Review)
- Pelvic Floor Therapy - (Direct Observation)
- Pessary Fitting/Placement and removal - (2 Chart Review)
- Pessary Fitting/Placement and removal - (1 Direct Observation)
- PTNS - (Chart Review)
- PTNS - (Direct Observation)
- STEREOTACTIC FIDUCIAL MARKER - (Chart Review)
- STEREOTACTIC FIDUCIAL MARKER - (Direct Observation)
- Transrectal Ultrasound (With Or Without Prostate Biopsy) - (Chart Review)
- Transrectal Ultrasound (With Or Without Prostate Biopsy) - (Direct Observation)
- URODYNAMIC STUDY (UDS) - (Chart Review)
- URODYNAMIC STUDY (UDS) - (Direct Observation)

**Acknowledgment of Applicant**

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

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

\_\_\_\_\_  
Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date