

## 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 Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice 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
<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	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
	<b>Patient Population</b>		
	Infant		
	Pediatric		
	Adolescent		
	Adult		
	Geriatric		
	<b>Setting</b>		
	Outpatient		
	Inpatient		

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

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
<b>General Supervision</b>			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	Provides and coordinates patient teaching and counseling		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]</p>		

**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) UROLOGY

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

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
<b>General Supervision</b>			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures		
	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		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	<p>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 core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		

**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) UROLOGY

**Standardized Protocols/Standardized Procedures**

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

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
<b>(requires selection of a core professional role above)</b>			
<b>General Supervision</b>			
	<p>MEDICATIONS - INDEPENDENT CHEMOTHERAPY ORDERING [CRITERIA - New hire APP's 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 OR ASCO Chemotherapy certificate which must be renewed every 2 years. As of September 1 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted. For APPs providing services primarily at Stanford Children's Health, the Association of Pediatric Hematology/Oncology Nurses (APHON) certification equivalence will be accepted. Minimum 10 cases required during past two years.</p>		
	<p>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]</p>		
<b>Personal Supervision</b>			
	<p>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.]</p>		
	<p>Robotics First Assist in the OR Standard (Multi Port) [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]</p>		

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- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)
- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- Robotics First Assist in the OR Standard (Multi Port) - (Chart Review)
- Robotics First Assist in the OR Standard (Multi Port) - (Direct Observation)
- Medications - Independent Chemotherapy Ordering - (Chart Review)

**Division**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
	<b>(Select division which corresponds to your Supervising Physician)</b>		
	UROLOGY		
	URO-ONCOLOGY - ONS or ASCO Chemotherapy certification required within one year of hire. The ONS or ASCO chemotherapy certification must be renewed every 2 years. As of September 1, 2023 ONS certificate will not be accepted and ONLY ASCO Chemotherapy certificate will be accepted.		

**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
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
	Bladder Instillation [CRITERIA - Minimum of 6 cases each required]		
	Bladder Instillation For Urothelial Carcinoma [CRITERIA - Minimum of 6 cases each required]		
	Flexible Cystoscopy - Stent Removal And Catheter Placement [CRITERIA - Minimum of 6 cases required]		
	Flexible Diagnostic Cystoscopy [CRITERIA - Minimum of 12 cases required]		
	Percutaneous Tibial Nerve Stimulation (PTNS) [CRITERIA - Minimum of 6 cases each required]		
	Pessary Fitting/Placement And Removal[CRITERIA - Minimum 6 cases required]		
	Robotic First Assist In The Or - Single Port		
	Stereotactic Fiducial Marker Placement For Neurosurgery [CRITERIA - Minimum of 6 cases required]		
	Trans-Perineal Placement Of Calypso Beacons Or Gold Fiducial Markers Into Prostate Bed Or Gland Under Transrectal Ultrasound Guidance [CRITERIA - Minimum of 12 cases required]		
	Transrectal Ultrasound (With Or Without Prostate Biopsy) [CRITERIA - Minimum of 6 cases each required]		
	Urodynamic Study (UDS) [CRITERIA - Minimum of 6 cases required]		
	<b>Direct Supervision</b>		
	Transperineal Biopsy with Transrectal Ultrasound Guidance - [CRITERIA - Minimum 6 cases required]		

**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)
- Bladder Instillation For Urothelial Carcinoma - (Chart Review)
- Bladder Instillation For Urothelial Carcinoma - (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)
- Percutaneous Tibial Nerve Stimulation (PTNS) - (Chart Review)
- Percutaneous Tibial Nerve Stimulation (PTNS) - (Direct Observation)
- Pessary Fitting/Placement and removal - (Chart Review)
- Pessary Fitting/Placement and removal - (Direct Observation)
- Robotic First Assist In The Or - Single Port (Chart Review)
- Robotic First Assist In The Or - Single Port (Direct Observation)
- Stereotactic Fiducial Marker Placement For Neurosurgery- (Chart Review)
- Stereotactic Fiducial Marker Placement For Neurosurgery - (Direct Observation)
- Transperineal Biopsy with Transrectal Ultrasound Guidance - (Direct Observation)
- Transperineal Biopsy with Transrectal Ultrasound Guidance - (Chart Review)
- Trans-Perineal Placement Of Calypso Beacons Or Gold Fiducial Markers Into Prostate Bed Or Gland Under Transrectal Ultrasound Guidance (Chart Review)
- Trans-Perineal Placement Of Calypso Beacons Or Gold Fiducial Markers Into Prostate Bed Or Gland Under Transrectal Ultrasound Guidance (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 \_\_\_\_\_