



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

Assist Only

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	
	Lymphadenectomy, pelvic	

[applicant]

Penile surgery	
Percutaneous renal surgery	
Ureteral catheterization; dilation	
Vasectomy	
Renal surgery, partial or total nephrectomy	
Scrotal surgery	
Transrectal ultrasound/prostate biopsy	
Transurethral prostate surgery	
Transurethral resection, bladder tumor	
Ureteroscopy	
Urethroplasty/urethral surgery	
Urinary diversion and restoration	
Biopsies - bladder, genitalia, lymph node, prostate, urethral	
Circumcision	
Visual laser ablation of the prostate	
Partial or total nephrectomy	
Adrenal surgery	
Total penectomy with or without lymph node dissection	
Radical prostatectomy	
Radical cystectomy for bladder cancer	
Reconstruction of ileal bladder	
Retroperitoneal lymphadenectomy for testicular cancer	
Radical nephrectomy for renal cancer	

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

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	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]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	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.]	
	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 Retroperitoneal lymph node dissection (RPLND) [CRITERIA - Initial - Advanced fellowship training in minimally invasive oncology, or Certificate of training with equivalent experience of 5 cases. Renewal - Minimum 1 case required during the past 2 years]	
	Laparoscopic partial nephrectomy [CRITERIA - Initial - Advanced fellowship training in minimally invasive oncology, or Certificate of training with equivalent experience of 5 cases. Renewal - Minimum 1 case required during the past 2 years]	
	Laparoscopic cystectomy [CRITERIA - Initial - Advanced fellowship training in minimally invasive 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 10 to 20 prostate seed implantation procedures in the past 12 months (provide documentation log) Certificate of training that covers the physics and handling of radioactive materials. Renewal - Minimum 5 cases required during the past 2 years]	
	Cryoablation Procedures [CRITERIA - Initial - Advanced fellowship training in minimally invasive oncology, or Certificate of training with equivalent experience of 5 cases. Renewal - Minimum 2 cases required during the past 2 years]	
	Bladder Stimulation [CRITERIA - Initial - Must be able to document at least four procedures in past two years. Renewal - Minimum 2 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]	
	Sacral nerve electrode placement [CRITERIA - Initial - Must be able to document at least one procedure in past two years. Renewal - Minimum 1 case required during the past 2 years]	
	Robotic surgery [CRITERIA - Initial - • Advanced laparoscopic training • Intuitive two-day training course • Fundamentals of laparoscopic surgery course (recommended) FLS • Five (5) cases assisted by an approved surgeon Ten (10) cases proctored by an approved surgeon. Renewal - Minimum 5 cases required during the past 2 years]	

[applicant]

	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]	
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FPPE

- Administration of Moderate Sedation
- Kidney transplants (Chart Review)
- Kidney transplants (Direct Observation)
- Robotic surgery (Chart Review)
- Robotic surgery (Direct Observation)
- Laparoscopic Retroperitoneal lymph node dissection (RPLND)
- Laparoscopic partial nephrectomy
- Laparoscopic cystectomy
- Sacral nerve electrode placement
- Radium seed implantation for prostate cancer in conjunction with a radiologist
- Cryoablation Procedures
- Bladder Stimulation
- Stereotactic Radiosurgery
- Central Venous Catheter Insertion

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

[applicant]

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