

FLOYD CHEROKEE MEDICAL CENTER

Medical Staff Privilege Checklist

Gynecology

I, _____, M.D., D.O., do hereby apply for the following privileges in Gynecology.

Please indicate the privileges you are requesting in the following manner: (1) If all privileges in a class are being requested, check box number 1 to the left of the class; (2) If selected privileges in a given class are desired, check box number 2 to the left of the class and indicate specific privileges requested; (3) If no privileges are desired in a given class, check box number 3 to the left of the class.

Fill in all blanks on the privileges checklist. For privileges not requested, enter Ø or N/R.

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Class I

1 2 3

	Requested	Approved
GYNECOLOGY		
Perform gynecology screening examinations		
Perform PAP smears		
Treat vaginitis		

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Class II

1 2 3

	Requested	Approved
GYNECOLOGY		
Insert and remove IUDs		
Assist at gynecological surgery		
Provide family planning counseling		
Perform minor gynecological outpatient procedures (i.e. cervical biopsies, endometrial biopsies, etc.)		
Perform minor gynecological surgical procedures (i.e. dilatation and curettage, Bartholin cyst incision/excision/marsupialization)		
Colposcopy		

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Class III

1 2 3

	Requested	Approved
GYNECOLOGY		
Infertility evaluation		
Tubal ligation, salpingectomy		
Colpotomy		
Ovarian cystectomy		
Hysterectomy and excision of adnexa		
Anterior and posterior repair		
Retropubic urethropexy		
Therapeutic abortion		
Oophorectomy		
Suction curettage		
Conization/cerclage of cervix		
Laparoscopy		
Presacral neurectomy		

Ob-Gyn

Urethroscopy		
Uterine suspension		
Genetic counseling		
Infertility surgery		
Urodynamic evaluation, female		

Additions/Deletions/Conditions/Other Limitations:

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Floyd Cherokee Medical Center, and I understand that:

1. 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.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

Applicant's Signature

Date

APPROVED:

Credentials Committee Chairman

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

_____ Concur with Credential Committee's recommendation and forward to governing body

_____ Return to Credentials Committee for clarification of the following:

Date

BOARD APPROVAL _____ Yes _____ No

Date

4.20.2019