

SCOTLAND MEMORIAL HOSPITAL
Clinical Privileges Delineation Form
Specialty: Urology

Physician Name: _____

I. **General Privileges**

By virtue of being granted any level of clinical privileges, a physician is automatically granted the following privileges:

Performing physical examinations and ordering and interpreting of diagnostic studies that are normally considered part of the practice of urology, including, but not limited to, laboratory, diagnostic imaging, and electrocardiographic studies.

Prescribing and administering medications normally considered part of the practice of urology.

Requesting consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.

At the time of a clinical emergency, the provision of whatever care the physician believes to be indicated to prevent loss of life or serious injury to a patient.

II. **Specific Privileges: Clinical**

Physicians granted clinical privileges in Urology must demonstrate knowledge and skills usually achieved only through training sufficient to attain eligibility for Board certification in Urology, or equivalent experience (NOTE: if sufficient training is not documented, specific experience must be outlined in writing).

General Care Privileges

	Requested	Approved	Not Approved/Approved with Restrictions
Admission and non-surgical treatment of all patients urologic or -related problems.			

Privileges for Surgical Procedures

Procedure	Requested	Approved	Not Approved /Approved with Restrictions
Nephrectomy			
Pyelotomy/Pyeloplasty			
Ureterotomy			
Cystostomy			
Suprapubic prostatectomy			
Other suprapubic bladder surgery			
Cystectomy			
Cystoscopy & retrograde pyelogram			
Transurethral cysto. & prostate surgery			
Hydrocele, spermatocele, varicocele			
Vasectomy			
Testicular surgery			
Circumcision & meatotomy			
Major surgery of penis			
Seminal vesicle surgery			
Urethral surgery			
Vasdeferens surgery			
Epididymis surgery			
Retroperitoneal node dissection			
Calculae of urinary system/ESWL			
Ureteroscopy			
All Gu-Prosthesis			
Contigen implant			
Percutaneous nephrolithotomy			
Diagnostic laparoscopy			
Laparoscopic pelvic lymph node dissection			
Laparoscopic varicose celectomy			
Laparoscopic orchiopexy			
Urologic laser surgery			

I hereby request the clinical privileges listed above.

Applicant Signature: _____

Date: ____ / ____ / ____

DEPARTMENT CHAIRMAN APPROVAL

NOTE: Any request indicated as "Not Approved/Approved with Restrictions" must be explained here, including listing any restrictions:

Chairman, Department of Surgery

Date

Procedure	Requested	Approved	Not Approved Approved w/ Restrictions

I hereby request the additional clinical privileges listed above.

Applicant Signature: _____
_____ / _____

Date: _____ / _____

DEPARTMENT CHAIRMAN APPROVAL

NOTE: Any request indicated as "Not Approved / Approved with Restrictions" must be explained here, including listing any restrictions:

Chairman, Department of Surgery

Date