

Privileges in Urology

Applicant's 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. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications

**Initial Core Criteria
Education/Training**

Successful completion of an ACGME or AOA accredited Residency training program in Urology or foreign equivalent training

AND

For treating children under 13 years: successful completion of Accredited Fellowship in Pediatric Urology and subspecialty certification by the American Board of Urology or foreign equivalent training/board.

AND

Current certification or active participation in the examination process leading to certification in Urology by the American Board of Urology or in Urological Surgery by the American Osteopathic Board of Surgery or foreign equivalent training/board

AND

Documentation or attestation of the management of problems for at least 50 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	CORE Privileges	
	Age Requested	
	0 - 1 years	
	2 - 12 years	
	13+ years	
	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	
	Penile surgery, Circumcision	
	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	
	Laser	
	Partial or total nephrectomy	
	Radical prostatectomy	
	Radical cystectomy for bladder cancer	
	Reconstruction of ileal bladder	
	Urinary diversion and restoration	
	Retroperitoneal lymphadenectomy for testicular cancer	
	Radical nephrectomy for renal cancer	
	Surgical correction of disorders of sexual development	
	Adrenal surgery	
	Exstrophy of the bladder	
	Hypospadias repairs	
	Epispadias repairs	

Qualifications

Renewal Criteria Minimum 100 Core cases required during in the past 2 years (Be prepared to provide a list of

cases performed at facilities other than LPCH if requested)

FPPE

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	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]	
	Kidney Transplants (Initial Criteria - Completion of an American Society of Transplantation Surgery Approved Fellowship in Multi-Organ Transplantation. Renewal Criteria - Minimum 10 cases required in the past two years.)	
	0-1 Year	
	2-12 Years	
	13+ Years	
	Laparoscopy (Initial Criteria - Specific training during residency. Documentation of 10 cases or additional training. Renewal Criteria - Minimum 1 case required in the past two years.)	
	0-1 Year	
	2-12 Years	
	13+ Years	
	Percutaneous Renal Surgery (Initial Criteria - Documentation of training and experience. Minimum of 2 cases done in the past 2 years. Renewal Criteria - Minimum 1 cases required in the past two years.)	
	0-1 Year	
	2-12 Years	
	13+ Years	
	Cryoablation Procedures (Initial Criteria - Documentation of training in Residency or Fellowship by directors. Documentation of 35 cases done in the past 5 years. Renewal Criteria - Minimum 2 cases required in the past two years.)	
	0-1 Year	
	2-12 Years	
	13+ Years	
	Bladder Stimulation (Initial Criteria - Documentation of training in Residency or Fellowship or additional course by directors. Documentation of 35 cases done in the past 5 years. Renewal Criteria - Minimum 2 cases required in the past two years.)	
	0-1 Year	
	2-12 Years	
	13+ Years	
	Electrode Placement (Initial Criteria - Documentation of training in Residency or Fellowship or additional course by directors. Documentation of 35 cases done in the past 5 years. Renewal Criteria - Minimum 2 cases required in the past two years.)	
	0-1 Year	
	2-12 Years	
	13+ Years	

	Robotic Surgery [Initial Criteria - Advanced Laparoscopic Training. Intuitive 2 day training course. Fundamentals of Laparoscopic Surgery Course (recommended) FLS. 5 cases Assisted by an Approved Surgeon. 10 cases Proctored by an Approved Surgeon. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	SHC Urologists- Emergent and urgent urology care of any patient of any age, with care transferred as soon as possible to practitioner with full privileges for that patients age, physical status and condition except for patients over age 18 for which they may continue primary care. [Initial Criteria - Current active privileges at SHC. Renewal Criteria - Minimum 100 cases required in the past two years.]	

FPPE

- Kidney transplants (Chart Review)
- Kidney transplants (Direct Observation)
- Laparoscopy
- Robotic surgery (Chart Review)
- Robotic surgery (Direct Observation)
- SHC Urologists
- Percutaneous renal surgery
- Cryoablation Procedures
- Bladder Stimulation
- Electrode placement

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 Children's Health. 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

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____