

Privileges in Transplant Surgery

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	<p>Successful Completion of ACGME Accredited General Surgery Residency or foreign equivalent training.</p> <p>AND</p> <p>Completion of an American Society of Transplantation Surgery accredited MultiOrgan Transplantation Fellowship in United States or Canada.</p> <p>AND</p> <p>Current certification or active participation in the examination process leading to certification in Surgery by the American Board of Surgery or foreign equivalent training/board</p> <p>AND</p> <p>Documentation or attestation of the management of problems for at least 30 Core inpatients or outpatients as the attending physician (or senior resident) during the past 2 years</p>
FPPE	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

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
	Age Requested:	
	0-5 Years	
	6-12 Years	
	13+ Years	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pediatric transplant care	
	Surgical procedures in these areas of primary responsibility:	
	alimentary tract	
	abdomen and its contents	
	vascular system, excluding the intracranial vessels and heart	
	pancreas	
	genitourinary system	
	minor extremity surgery	
	care of critically ill children with underlying surgical conditions	
	vascular access	
	Diagnosis and surgical care of tumors	

FPPE

Core Patients 6-12 years
Core Patients 13+ years

SPECIAL PRIVILEGES

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Multi-organ abdominal transplantation (Initial Criteria - Completion of an American Society of Transplantation Surgery accredited MultiOrgan Transplantation Fellowship in United States or Canada. Renewal Criteria - Minimum 1 case required in the past two years.)	
	Age requested: 0 - 5 years	
	Age requested: 6-12 years	
	Age requested: 13+ years	
	Kidney Transplantation Surgery (Initial Criteria - 1) Completion of an American Society of Transplantation Surgery accredited MultiOrgan Transplantation Fellowship in United States or Canada. 2) The surgeon must have performed at least 20 kidney transplants as the primary surgeon or first assistant during the 2-year fellowship period. Of these, at least 10 kidney transplants must have been in patients less than 18 years old, including 3 transplants in patients less than 6 years old or less than 25 kg body weight. 3) The surgeon must have maintained a current working knowledge of pediatric kidney transplantation, defined as direct involvement in pediatric kidney transplant care in the last 2 years. Renewal Criteria - Minimum 2 cases required in the past two years)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Liver Transplantation Surgery (Initial Criteria - 1) Completion of an American Society of Transplantation Surgery accredited MultiOrgan Transplantation Fellowship in United States or Canada. 2) The surgeon must have performed at least 30 liver transplants as the primary surgeon or first assistant during the 2-year fellowship period. Of these, at least 15 liver transplants must have been in patients less than 18 years old, including 8 transplants in patients less than 6 years old or less than 25 kg body weight. Of the 8 transplants in patients less than 6 years old or less than 25 kg body weight, 4 must have been technical variants. 3) The surgeon must have maintained a current working knowledge of pediatric liver transplantation, defined as direct involvement in pediatric liver transplant care in the last 2 years. Renewal Criteria - Minimum 2 cases in each age group in the past two years.)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Intestinal Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery accredited MultiOrgan Transplantation Fellowship in United States or Canada. Renewal Criteria - Minimum 1 case required in the past two years)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	

FPPE

Patients 0-5 years Core (Direct Observation)
 Multi-organ abdominal transplantation (Chart Review)
 Multi-organ abdominal transplantation (Direct Observation)
 Kidney Transplantation Surgery (Chart Review)
 Kidney Transplantation Surgery (Direct Observation)
 Liver Transplantation Surgery (Chart Review)
 Liver Transplantation Surgery (Direct Observation)
 Pancreas Transplantation Surgery

[applicant]

Intestinal Transplantation Surgery (Chart Review)
Intestinal Transplantation Surgery (Direct Observation)

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

[applicant]