Applicant’s Name: ____________________________________________
                                                                 Last   First         M.

Instructions:

- Place a check-mark where indicated for each core group you are requesting.
- Review education and basic formal training requirements to make sure you meet them.
- Review documentation and experience requirements and be prepared to prove them.
  ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
  ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
- Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I  – general privileges in urology
Special privileges
  ✓ Laser
  ✓ Laparoscopic radical prostatectomy (LRP)
  ✓ Laparoscopic nephrectomy
  ✓ Radioactive seed implantation for prostate cancer
  ✓ Sacral nerve stimulation for urinary control
  ✓ Transurethral microwave thermotherapy for BPH
  ✓ Photo-selective vaporization of the prostate
  ✓ Robotic assisted urological procedures

Core procedure list
Signature page
### CORE I — General Privileges in Urology

<table>
<thead>
<tr>
<th>Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.</td>
</tr>
<tr>
<td>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic education and minimal formal training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MD, DO, MBBS or MB BCH.</td>
</tr>
<tr>
<td>2. Completion of an approved ACGME-, AOA or Royal College of Physicians and Surgeons of Canada urology residency program;</td>
</tr>
<tr>
<td>3. Current certification or active participation in the examination process -- with achievement of certification within 5 years -- leading to certification in urology by the American Board of Urology, the American Osteopathic Board of Surgery, or the Royal College of Physician and Surgeons of Canada (Urological Surgery).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required documentation and experience</th>
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</thead>
<tbody>
<tr>
<td>NEW APPLICANTS:</td>
</tr>
<tr>
<td>1. Provide documentation of at least 50 general urological procedures performed during the past 12 months;</td>
</tr>
<tr>
<td>Or</td>
</tr>
<tr>
<td>Successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months;</td>
</tr>
<tr>
<td>2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</td>
</tr>
<tr>
<td>Name: ______________________________</td>
</tr>
<tr>
<td>Name of Facility: ____________________</td>
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<tr>
<td>Address: ____________________________</td>
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<tr>
<td>Phone: ______________ Fax: __________</td>
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<tr>
<td>Email: ______________________________</td>
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REAPPOINTMENT APPLICANTS: |
1. Provide documentation of 50 urological procedures, reflective of the scope of privileges requested, performed during the past 24 months.
Special privileges (check those that apply)

<table>
<thead>
<tr>
<th>Privilege</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laser/s</strong> — Indicate selection/s with an &quot;X.&quot; Practitioner agrees to limit practice to the specific laser for which they provide training and experience documentation as set out below.</td>
</tr>
<tr>
<td>☐ Angiodynamics endovenus diode (model venus cure)</td>
</tr>
<tr>
<td>☐ Cardiogenesis Holium Yag (model ns 2000)</td>
</tr>
<tr>
<td>☐ Lumenis Holium Yag (model power suite 100W)</td>
</tr>
<tr>
<td>☐ Lumenis Holium Yag (model: power suite 20W)</td>
</tr>
</tbody>
</table>

**Basic education and minimal formal training**

1. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles;  
   **Or**  
   Completion of an approved 8-10 hour minimum CME course that included training in laser principles and a minimum of six hours observation and hands-on experience with lasers.

Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.

**Required documentation and experience**

**NEW APPLICANTS:**

1. Provide documentation of at least five laser procedures performed during the past 12 months.

**REAPPOINTMENT APPLICANTS:**

1. Provide documentation of at least five laser procedures performed during the past 24 months.
Special privileges (check those that apply)

<table>
<thead>
<tr>
<th>Privilege</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Laparoscopic Radical Prostatectomy: (LRP)</td>
</tr>
</tbody>
</table>

**Basic education and minimal formal training**

1. Successful completion of an ACGME- or AOA-accredited residency in urology or general surgery that included training in advanced minimally invasive surgery and LRP;
   *Or*
   Completion of a hands-on CME in LRP supervised by an experienced LRP surgeon.

**Required documentation and experience**

**NEW APPLICANTS:**
1. Provide documentation of at least 50 advanced laparoscopic procedures, of which 10 are LRP’s, performed in the past 12 months.
2. Provide case logs verifying the ability to perform open radical retropubic prostatectomies.
   *Or*
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency to perform open radical retropubic prostatectomies.

<table>
<thead>
<tr>
<th>Name:</th>
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<tr>
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</table>

**REAPPOINTMENT APPLICANTS:**
1. Provide documentation of at least 100 advanced laparoscopic procedures, of which 20 are LRPs, performed in the past 24 months.
2. Provide case logs verifying the ability to perform open radical retropubic prostatectomies.
   *Or*
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency to perform open radical retropubic prostatectomies.

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</table>
Special privileges (check those that apply)

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<tr>
<th>Privilege</th>
<th>Basic education and minimal formal training</th>
<th>Required documentation and experience</th>
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</thead>
<tbody>
<tr>
<td>□ Laparoscopic nephrectomy</td>
<td>1. Successful completion of an ACGME- or AOA-accredited residency in urology that included training in minimally invasive surgery or minimally invasive urology. (If applicant does not have formal training there must be documentation of equivalent training that included procedures proctored by an experienced laparoscopic nephrectomy surgeon.) 2. Applicant must have the ability to perform open nephrectomies (#40 on core procedure list).</td>
<td>NEW APPLICANTS: 1. Provide documentation of at least 15 laparoscopic nephrectomy procedures performed in the past 24 months. The procedures should include the categories of nephrectomies (donor, removal of diseased kidney, or removal of cancerous kidney) for which privileges are requested. REAPPOINTMENT APPLICANTS: 1. Provide documentation of at least 15 laparoscopic nephrectomy procedures performed in the past 24 months. The procedures should include the category of nephrectomies (donor, removal of diseased kidney, or removal of cancerous kidney) for which privileges are requested. 2. Continuing education related to laparoscopic nephrectomy is recommended.</td>
</tr>
</tbody>
</table>

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<tr>
<td>□ Radioactive seed implantation for prostate cancer (in collaboration with radiation oncologist)</td>
<td>1. Successful completion of an ACGME- or AOA-accredited residency in urology that included training in prostate seed implantation training. 2. If applicant’s residency did not include prostate seed implantation training, demonstrate successful completion of an accredited course in prostate seed implantation that included at least three cases proctored by a physician experienced in prostate seed implantation</td>
<td>NEW APPLICANTS: 1. Provide documentation of 5 prostrate seed implantation procedures performed in the last 12 months. REAPPOINTMENT APPLICANTS: 1. Provide documentation of at least 5 prostate seed implantation procedures performed in the past 24 months. 2. Provide documentation of CME credits related to prostate seed implantation techniques and equipment.</td>
</tr>
</tbody>
</table>
Special privileges (check those that apply)

<table>
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<tr>
<th>Privilege</th>
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</table>
| □ Sacral nerve stimulation for urinary control (SNS)                      | 1. Successful completion of an ACGME- or AOA-accredited postgraduate training program in urology or in urogynecology.  
  2. Successful completion of a training course in InterStim Therapy that includes proctoring for initial neurostimulator implant cases. | NEW APPLICANTS:                                                                                     
  1. Provide documentation of the performance of at least six InterStim Therapy stimulator test and implant procedures performed in the past 12 months.  

**REAPPOINTMENT APPLICANTS:**  
1. Provide documentation of the performance of at least 12 InterStim Therapy stimulator test and implant procedures performed in the past 24 months.  
2. Provide evidence of continuing education credits related to SNS for urinary control and InterStim Therapy. |

<table>
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<tr>
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</table>
| □ Transurethral Microwave Thermotherapy (TUMT) for BPH                    | 1. Successful completion of an accredited ACGME or AOA residency in urology that included training in TUMT; Or  
  Successful completion of an approved CME course that included a didactic portion and a hands-on session involving the observation of two patient treatments. | NEW APPLICANTS:                                                                                     
  1. Provide documentation of at least 5 TUMT procedures performed in the past 12 months.  

**REAPPOINTMENT APPLICANTS:**  
1. Provide documentation of at least 5 TUMT procedures performed in the past 24 months. |
Special privileges (check those that apply)

<table>
<thead>
<tr>
<th>Privilege</th>
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</thead>
<tbody>
<tr>
<td>☐ Photo-Selective vaporization of the Prostate (PVP)</td>
</tr>
</tbody>
</table>

**Basic education and minimal formal training**

1. Successful completion of an ACGME- or AOA-accredited residency program in urology that included training in photo selective vaporization of the prostate (PVP);
   - Or
   Completion of a Laserscope-approved training program that included proctoring in initial cases by a Laserscope company representative.

**Required documentation and experience**

**NEW APPLICANTS:**
1. Provide documentation of at least 10 PVP procedures performed in the past 12 months.

**REAPPOINTMENT APPLICANTS:**
1. Provide documentation of at least 10 PVP procedures performed in the past 24 months.
2. Provide documentation of continuing education credits related to BPH and PVP.
Privileges

Use of robotic assisted system for urologic procedures.

Physician must limit practice to:
- specific robotic system for which he or she has provided documentation of training and experience
- clinical procedures for which he or she holds privileges

Basic education and minimal formal training

1. Hold core privileges.
2. Hold privileges to perform the clinical procedures for which the robotic system is to be used.
3. Have training and experience in the particular robotic system to be used.

Required documentation and experience

NEW APPLICANTS:
1. Provide documentation of training in residency with evidence of at least 20 cases as primary surgeon
   Or
   Provide documentation demonstrating satisfactory completion of FDA mandated training;
   And
   Provide documentation of having observed 2 robotic operations per organ site performed by a physician with robotic privileges;
   And
   Provide documentation of having performed 5 proctored robotic operations per organ site.
2. Provide contact information for a physician peer whom we may contact to provide an evaluation of your clinical competency.

   Name: ______________________________________________________
   Name of Facility: _____________________________________________
   Address: __________________________________________________
   Phone: ________________________    Fax: _______________________
   Email: ______________________________________________________

REAPPOINTMENT APPLICANTS:
1. Provide documentation demonstrating performance of a minimum of 10 robotic-assisted procedures in the past 24 months. If this requirement cannot be met, then documentation of at least 10 hours of simulator time annually and/or approval of the robotics committee.
2. Extension of robotic privileges to a new technique, organ or system must be disclosed to the director of robotics who may then require proof of additional training and proctoring.
3. Provide contact information for a physician peer whom we may contact to provide an evaluation of your clinical competency.

   Name: ______________________________________________________
   Name of Facility: _____________________________________________
   Address: __________________________________________________
   Phone: ________________________    Fax: _______________________
   Email: ______________________________________________________
Core Procedure List — Urology

To the applicant: Strike through those procedures you do not wish to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

1. All forms of prostate ablation
2. All forms of prostatectomy, including biopsy
3. Anterior pelvic exenteration
4. Appendectomy as component of urologic procedure
5. Bladder instillation treatments for benign and malignant disease
6. Bowel resection as component of urologic procedure
7. Circumcision
8. Closure evisceration
9. Continent reservoirs
10. Creation of neobladders
11. Cystolithotomy
12. Cystoscopy
13. Enterostomy as component of urologic procedure
14. Excision of retroperitoneal cyst or tumor
15. Exploration of retroperitoneum
16. Extracorporeal shock wave lithotripsy
17. Inguinal herniorrhaphy as related to urologic operation
18. Insertion/removal of ureteral stent
19. Intestinal conduit
20. Laparoscopic surgery, urologic for disease of the urinary tract
21. Laparotomy for diagnostic or exploratory purposes (urologic related conditions)
22. Lymph node dissection-inguinal, retroperitoneal, or pelvic
23. Management of congenital anomalies of the genitourinary tract (presenting in the adult), including epispadias and hypospadias
24. Microscopic surgery-epididymovasostomy, vasovasotomy
25. Open renal biopsy
26. Open stone surgery on kidney, ureter, bladder
27. Other plastic and reconstructive procedures on external genitalia
28. Penis repair for benign or malignant disease including grafting
29. Percutaneous aspiration or tube insertion
30. Percutaneous nephrolithotripsy
31. Performance and evaluation of urodynamic studies
32. Perform history and physical exam
33. Periurethral injections, e.g., collagen
34. Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney
35. Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
36. Renal surgery through established nephrostomy or pyelostomy
37. Sphincter prosthesis
38. Surgery of the testicle, scrotum, epididymis and vas deferens including biopsy, excision and reduction of testicular torsion, orchiopexy
39. Surgery upon the adrenal gland
40. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach
41. Surgery upon the penis
42. Surgery upon the ureter and renal pelvis
43. Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy and reconstruction
44. Total or simple cystectomy
45. Transurethral surgery, including resection of prostate and bladder tumors
46. Transvesical ureterolithotomy
47. Treatment of urethral valves, open and endoscopic
48. Ureteral substitution
49. Uretero-calyceal Anastomosis
50. Ureterocele repair, open or endoscopic
51. Ureteroscopy including treatment of all benign and malignant processes
52. Urethral fistula repair, all forms including grafting
53. Urethral suspension procedures including grafting, all material types
54. Urethroscopy including treatment for all benign and malignant processes
55. Ventral/flank herniorrhaphy as related to urologic operation
56. Visual urethrotomy
ACKNOWLEDGEMENT OF PRACTITIONER

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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

__________________________________________________ ___________________________________
Signature       Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

☐ Recommend all requested privileges

☐ Recommend privileges with the following conditions/modifications

☐ Do not recommend the following requested privileges

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition / Modification / Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

Notes:

__________________________________________________ ___________________________________
Signature       Date