

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL  
CLINICAL PRIVILEGES APPLICATION**

**UROLOGY**

APPLICANT NAME: \_\_\_\_\_

---

**CORE PRIVILEGES:**

Urology privileges include admission, work up, diagnosis, and provision of nonsurgical and surgical care to patients of all ages presenting with illnesses, injuries, and disorders of the genitourinary system, including the genitalia, urinary tract, bladder, prostate, and kidneys. These core privileges do not include any of the privileges listed under Special Privileges.

**NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.**

---

**QUALIFICATIONS FOR CORE PRIVILEGES:** (Check only the first one which applies to you)

**CLASS IV:**

\_\_\_ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in Urology.**

**Subspecialty:** \_\_\_\_\_.

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

**CLASS III:**

\_\_\_ **Board certification in Urology; or**

\_\_\_ **Active board certification application pending, having completed an ACGME- or AOA- approved post graduate training program in Urology; or**

\_\_\_ **Completion of an ACGME- or AOA-approved post graduate training program and full time**

**urology experience for a minimum of the last three (3) years consecutively.**

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

Other training, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS SPACE LEFT BLANK**

UROLOGY PRIVILEGES APPLICATION.

NAME: \_\_\_\_\_

**SPECIAL PRIVILEGES:** For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES  
PRIVILEGES  
REQUESTED  
RECOMMENDED  
YES NO

YES NO

\_\_\_ \_\_\_ Laparoscopic urological procedures.

\_\_\_ \_\_\_

Training/Experience: \_\_\_\_\_

\_\_\_ \_\_\_ Use of surgical laser.

\_\_\_

Training/Experience: \_\_\_\_\_

\_\_\_ \_\_\_ Visual laser ablation of the prostate.

\_\_\_ \_\_\_

Training/Experience: \_\_\_\_\_

\_\_\_ \_\_\_ Intravenous conscious sedation.

\_\_\_ \_\_\_

Training/Experience: \_\_\_\_\_

**NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 14.63 (enclosed).**

**ADDITIONAL PRIVILEGES (Specify, stated with training/experience):**

\_\_\_\_\_

\_\_\_ \_\_\_

\_\_\_\_\_

\_\_\_ \_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

THIS SPACE LEFT BLANK

UROLOGY PRIVILEGES APPLICATION.

NAME: \_\_\_\_\_

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

\_\_\_\_\_  
\_\_\_\_\_

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

\_\_\_\_\_

Signed: \_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Date of Review

SURGERY DEPARTMENT.  
Medical Staff Department

MSS: 09/99.