

# PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Urology,

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## Current Privilege Status Key

Practitioner's Current Privilege status is signified in ( ) preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

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## Staff Category - Associate Staff

Requested      Granted

\_\_\_\_\_ ( ) ASSOCIATE MEDICAL STAFF:

The associate Medical Staff shall consist of physicians, dentists and podiatrists who are being considered for advancement to membership as active or courtesy members of the Medical Staff. They shall be appointed to a specific department and may be appointed to serve on committees. They shall be ineligible to hold office in this Medical Staff organization. However, candidates for active staff status shall have voting privileges and shall accept emergency department coverage assignments.

All associate Medical Staff memberships shall be provisional for a period of one year. Associate membership renewal may not exceed an additional year, following which the failure to advance from associate Medical Staff membership shall be deemed a termination of Medical Staff membership. An associate Medical Staff member whose membership is so terminated shall have hearing rights accorded by the Medical Staff bylaws if the termination is an Adverse Action as defined in the Medical Staff bylaws.

Associate Medical Staff members shall be assigned to a department where their performance shall be evaluated by the chairperson of the department or the chairperson's representative in order to determine the eligibility of such associate staff members for continued Medical Staff membership and for exercising the clinical privileges provisionally granted to them.

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## Staff Category - Active Staff

Requested      Granted

\_\_\_\_\_ ( ) ACTIVE MEDICAL STAFF:

The active Medical Staff shall consist of physicians, dentists and podiatrists who regularly admit patients and/or provide services in the hospital, who are able to comply with response times set by their departments and otherwise provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the active Medical Staff including emergency department coverage and consultation assignment as determined by the medical staff emergency department plan which is approved by the Medical Executive Committee. Members of the active Medical Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, and to serve on Medical Staff committees.

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## Staff Category - Affiliate Staff

Requested      Granted

\_\_\_\_\_      \_\_\_\_\_      (      ) AFFILIATE MEDICAL STAFF:

The affiliate Medical Staff shall consist of physicians, podiatrists and dentists who wish to be associated with Mercy Medical Center and its Medical Staff but have little or no active practice in the hospital. Members of the affiliate Medical Staff shall be appointed to a specific department of the Medical Staff, shall be eligible to vote, and shall be eligible to serve on Medical Staff committees. They shall be ineligible to hold office in this Medical Staff organization.

Affiliate Medical Staff members shall not have clinical privileges or provide orders on inpatients. Affiliate Medical Staff members wishing to refer a patient for inpatient care shall be responsible for arranging, at the time of admission, for the overall medical responsibility for the patient's care in the hospital to be assumed by a Medical Staff member of the appropriate specialty who holds full admitting privileges.

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## Staff Category - Courtesy Staff

Requested      Granted

\_\_\_\_\_      \_\_\_\_\_      (      ) COURTESY MEDICAL STAFF:

The courtesy Medical Staff shall consist of physicians, dentists and podiatrists qualified for Medical Staff membership but who only occasionally attend patients in the hospital. Courtesy Medical Staff membership is limited to those individuals who bring a unique skill to the community, or serve only occasionally as consultants in the hospital. Telemedicine members will be members of the courtesy Medical Staff. Courtesy Medical Staff members shall be appointed to a specific department. They shall be ineligible to vote or hold office in this Medical Staff organization and shall not be required to provide emergency department coverage.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

\*\* The affiliate physician does not have privileges for inpatient care. If Affiliate checked, do not complete the rest of this form. \*\*

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## Department of Urology

Basic Education: MD or DO

Minimal Formal Training: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) approved residency in Urology.

Required Previous Experience and Current Competence:

1. Documentation of education and experience to demonstrate ability and competence in performance of procedures requested.
2. Documentation of procedures performed during residency and/or during prior experience as requested
3. References from residency director and/or chair of Urology Department from hospital where applicant was affiliated in the last two years.

Current certification or active participation in the examination process leading to certification by the American Board of Urology or the American Osteopathic Board of Urology.

Date: 1985

Reviewed/Revised: Dec 2003, Apr 2004, May 2006, Nov 2010, May 2013

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### Core Area of Practice - Acute

Requested      Granted

\_\_\_\_\_ ( ) Admission, consultation, evaluation, diagnosis, surgical and medical management of patients with disorders, illnesses, injuries to the genitourinary system.

Such privileges include the following procedures typically included in the general area of practice.

Categories include a representative, but not necessarily all-inclusive list of conditions and procedures typically included in the general area of practice. Those procedures with an asterisk (\*) have special privilege criteria.

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### Adrenal

Requested      Granted

\_\_\_\_\_ ( ) Exploration, unilateral, bilateral

\_\_\_\_\_ ( ) Cyst excision

\_\_\_\_\_ ( ) Adrenalectomy

\_\_\_\_\_ ( ) Pheochromocytoma resection

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## Kidney

Requested      Granted

- |       |       |        |                                  |
|-------|-------|--------|----------------------------------|
| _____ | _____ | (    ) | Exploration                      |
| _____ | _____ | (    ) | Decortication                    |
| _____ | _____ | (    ) | Repair, trauma                   |
| _____ | _____ | (    ) | Biopsy                           |
| _____ | _____ | (    ) | Incision and drainage of abscess |
| _____ | _____ | (    ) | Nephrolithotomy                  |
| _____ | _____ | (    ) | Nephrectomy                      |
| _____ | _____ | (    ) | Pyelostomy                       |
| _____ | _____ | (    ) | Pyelolithotomy                   |
| _____ | _____ | (    ) | Pyeloureteroplasty               |
| _____ | _____ | (    ) | Fistula repair                   |
| _____ | _____ | (    ) | Cyst excision                    |
| _____ | _____ | (    ) | Horseshoe kidney repair          |
| _____ | _____ | (    ) | Percutaneous procedures          |

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## Ureter

Requested      Granted

- |       |       |        |                                               |
|-------|-------|--------|-----------------------------------------------|
| _____ | _____ | (    ) | Biopsy, endoscopic, open                      |
| _____ | _____ | (    ) | Ureterocelelectomy, endoscopic                |
| _____ | _____ | (    ) | Ureterocelelectomy, open, ureteral re-implant |
| _____ | _____ | (    ) | Ureterolithotomy                              |
| _____ | _____ | (    ) | Stone basket manipulation                     |
| _____ | _____ | (    ) | Ureterolysis                                  |
| _____ | _____ | (    ) | Retrocaval fistula repair                     |
| _____ | _____ | (    ) | Ureterotomy                                   |
| _____ | _____ | (    ) | Ureteroscopy                                  |
| _____ | _____ | (    ) | Ureterostomy                                  |
| _____ | _____ | (    ) | Ureteroenterostomy                            |
| _____ | _____ | (    ) | Ureteral substitution                         |

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## Bladder

Requested	Granted	
_____	_____	( ) Augmentation
_____	_____	( ) Artificial sphincter insertion
_____	_____	( ) Cystostomy
_____	_____	( ) Cystotomy
_____	_____	( ) Cystectomy
_____	_____	( ) Cystolithotomy
_____	_____	( ) Transurethral resection of bladder tumor
_____	_____	( ) Creation of ileal conduit
_____	_____	( ) Ureterosigmoidostomy
_____	_____	( ) Vesicotomy
_____	_____	( ) Fistula repair
_____	_____	( ) Bladder neck obstruction repair, open, endoscopic
_____	_____	( ) Stress incontinence repair, vaginal, abdominal
_____	_____	( ) Pelvic exenteration
_____	_____	( ) Continent urinary diversion

## Urethra

Requested	Granted	
_____	_____	( ) Lesion biopsy
_____	_____	( ) Meatotomy
_____	_____	( ) Fistula repair
_____	_____	( ) Diverticulectomy
_____	_____	( ) Stricture repair
_____	_____	( ) Trauma repair
_____	_____	( ) Perineal urethrostomy
_____	_____	( ) Fulguration of urethral valves
_____	_____	( ) Rectourethral fistula repair

## Penis

Requested	Granted	
_____	_____	( ) Dorsal slit circumcision
_____	_____	( ) Lesion, biopsy, excision
_____	_____	( ) Penectomy
_____	_____	( ) Trauma repair
_____	_____	( ) Prosthesis insertion
_____	_____	( ) Peyronies disease, patch graft, excision, plication

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## Scrotal Content

Requested	Granted	
_____	_____	( ) Lesion excision
_____	_____	( ) Excision and drainage, abscess
_____	_____	( ) Spermatic cord lesion excision
_____	_____	( ) Hydrocelectomy
_____	_____	( ) Inguinal orchiectomy
_____	_____	( ) Epididymectomy
_____	_____	( ) Varicocele excision, ligation
_____	_____	( ) Microscopic vasovasostomy
_____	_____	( ) Microscopic epididymovasostomy
_____	_____	( ) Torsion of testicle reduction
_____	_____	( ) Testicular lesion biopsy, excision
_____	_____	( ) Orchiectomy, unilateral, bilateral
_____	_____	( ) Testicular, scrotal injury repair
_____	_____	( ) Orchidopexy
_____	_____	( ) Testis prosthesis insertion
_____	_____	( ) Spermatocele excision

## Prostate

Requested	Granted	
_____	_____	( ) Biopsy, needle, open
_____	_____	( ) Prostatectomy - transurethral
_____	_____	( ) Prostatectomy - suprapubic
_____	_____	( ) Prostatectomy - retropubic, simple, radical
_____	_____	( ) Prostatectomy - perineal, simple, radical
_____	_____	( ) Incision and drainage of abcess

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## Diagnostic Procedures

Requested	Granted	
_____	_____	( ) Cystoscopy, panendoscopy
_____	_____	( ) Ureteral catheterization
_____	_____	( ) Percutaneous nephrotomy
_____	_____	( ) Nephrotomogram
_____	_____	( ) Ileal loopogram
_____	_____	( ) Cinepyeloureterogram
_____	_____	( ) Retrograde urethrogram
_____	_____	( ) Cystourethrogram
_____	_____	( ) Urodynamics
_____	_____	( ) Urethroscopy
_____	_____	( ) Ultrasound

## Pediatric Procedures

Requested	Granted	
_____	_____	( ) Hypospadias repair
_____	_____	( ) Penoplasty
_____	_____	( ) Release of imperforate hymen
_____	_____	( ) Release of labial fusion
_____	_____	( ) Reconstructive, upper, lower urinary tract
_____	_____	( ) DEFLUX

## Miscellaneous

Requested	Granted	
_____	_____	( ) Hernia repair
_____	_____	( ) Exploratory laparotomy
_____	_____	( ) Retroperitoneal tumor biopsy
_____	_____	( ) Lymph node biopsy, excision

## Core Area of Practice - Long Term Care

Requested	Granted	
_____	_____	( ) Consult and perform minor procedures within the core, within the limitations, staffing and equipment of the setting.

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## Special Procedures

Privileges in these special procedures will be considered individually by the Urology Department Chair. Procedures followed by an asterisk (\*) have specific privilege criteria and/or require documentation of education and experience.

\* specific privilege criteria

Requested	Granted	
_____	_____	( ) Ultrasound-guided prostate brachytherapy*
_____	_____	( ) Urologic laparoscopic procedures*
_____	_____	( ) Computer-enhanced laparoscopic procedures*
_____	_____	( ) Urologic laser procedures*
_____	_____	( ) Bladder pacemaker*
_____	_____	( ) Endoscopic injection of bulking agents*
_____	_____	( ) Renal cryoablation*
_____	_____	( ) Male urethral sling*
_____	_____	( ) Mesh repair of pelvic organ prolapse *
_____	_____	( ) Midurethral suspension*
_____	_____	( ) Moderate (conscious) sedation *

## Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\* specific privilege criteria or requires evidence of education and experience