

LIST OF CLINICAL PRIVILEGES – OB/GYN - MINIMALLY INVASIVE GYNECOLOGICAL SURGERY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

Instructions

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT:

NAME OF MEDICAL FACILITY:

ADDRESS:

PROVIDERS REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST PRIVILEGES IN THEIR PRIMARY OB/GYN SPECIALTY

I Scope		Requested	Verified
P425438	The scope of privileges for OB/GYN minimally invasive gynecologic surgery include the evaluation, diagnosis, and treatment of patients with complex gynecologic disease and include management of complications using minimally invasive techniques.		
Procedures		Requested	Verified
P425439	Cystoscopy		
P425440	Laparoscopic Adhesiolysis - moderate to severe		
P425441	Laparoscopic Adhesiolysis - enterolysis		
P389572	Ureterolysis		
P425442	Gastrointestinal and Urinary Procedures		
P425443	Ureteral stenting		
P425444	Hydrodistension		
P425445	Proctosigmoidoscopy		
P425446	Laparoscopic Burch		
P425447	Laparoscopic ovarian surgery supplementals		
P425448	Ovarian drilling		
P425449	Ovarian cyropreservation		
P425450	Ovarian transposition		
P425451	Laparoscopic tubal surgery supplementals		
P425452	Salpingoscopy		
P425453	Neosalpingostomy		
P425454	Tubal anastomosis		
P425455	Laparoscopic Retroperitoneal dissection		
P425456	Space of retzius dissection		
P425457	Presacral neurectomy (all approaches)		
P425458	Transvaginal Hydrolaparoscopy		

P425459	Robotic approach to gynecologic procedures.		
P425460	Laparoscopic application of laser or plasmajet		
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<div> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below) <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <p>STATEMENT:</p>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE