## UNIVERSITY OF MARYLAND MEDICAL CENTER

## Department of Surgery, Division of Urology Delineation of Privileges

Applicants for membership in the Department of Surgery, Division of Urol may request admission to the Active staff or the Courtesy staff. Please ind  Active Cou	icate the staff category to wh						
Please check where privileges will be performed:							
Urology Clinic University of Maryland Med	Urology Clinic University of Maryland Medical Center (UMMC) All						
Name:	Date:	Date:					
	Please comment only in the areas which you wish to apply for privileges						
Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No					
Kidney							
Open Renal Stone Surgery							
Nephrectomy by any approach, including Rib Resection							
Donor Nephrectomy, living or cadaver							
Autotransplantation and Renal Homo-Transplantation							
Renal Arterial Surgery							
Percutaneous Renal Surgery							
Ureter							
Open Ureteral Surgery							
Ureterolithotomy							
Ureteroenteric Conduit							
Replacement of Ureter by Intestinal Segment							
Contintent Urinary Diversion							
Bladder							
Open Bladder Surgery							
Cystectomy, partial or complete							
Closure of Vesical or Urethral Fistula							
Closure of Exstrophy							
Augmentation Cystoplasty							
Hysterectomy							
Female Incontinence Surgery							
Endoscopic Procedures							
Diagnostic Cystourethroscopy							
Transurethral Surgery of the Urethra, Prostate, Bladder							
Diagnostic Ureteroscopy							
Transureteral Surgery							
Scrotal Contents							
Open surgery of the Scrotum, Testis, Epididymis, Vas Deferens, Spermatic Cord							
Vasovasostomy							
Orchiectomy, Scrotal, or Inguinal							
Insertion of Testicular Prosthesis							
Penis and Urethra							
Penile Surgery							
Aspiration, Injection or Irrigation of Corpora for Priapism or Impotence							
Insertion of Penile Prosthesis							
Operation for Male Incontinence with or without Prosthesis							
Prostate							
Open Prostatectomy							
-Perineal Prostatectomy							
-Radical Retropubic Prostatectomy							
-Prostatic Brachytherapy							
-FIOSIALIC DIACHVIHEIADV							

Name: Date:			
Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No	
Adrenal			
Adrenalectomy			
Lymphatic System			
Pelvic Lymphadenectomy			
Inguinal Lymphadenectomy			
Retroperitoneal Lymphadenectomy			
Miscellaneous			
Laparoscopic Surgery			
Moderate (Conscious) Sedation - Criteria for Approval:  1. Proof of Current BCLS certification (please attach);  2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment).  (Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)  Outpatient/Ambulatory Services:  Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include:  • General patient examination and care involving observation, assessment, planning, implementation and evaluation.  • Ordering, Interpreting, and evaluation diagnostic tests to identify and assess patients' clinical problems and health care needs.  • Performs Preventative health care counseling and instructs patients and/or families on treatment plans.  Ambulatory Service locations are as follows:  Urology Clinic (NGE19L): Privileges include ambulatory core privileges as listed above in addition to: balloon dilation, urethra biopsy, change S>P> tube, dilation/urethral female, dilation urethral stricture male, insertion suprapubic tube, IV sedation (must have moderate sedation privileges), meatotomy (adult), urethrogram			
Laser Surgery (separate application required)			
- Carbon Dioxide			
- KTP			
- Argon			
- Nd-Yag			
*LASER APPLICATION MUST BE SUBMITTED WITH THIS PRIVIL  Applicant's Signature	LEGE FORM TO BE A	PPROVED*	
Michael Naslund, MD, Interim Division Chief	Date		
Stephen Bartlett, MD, Chairman	Date		
Applicant's Confirming Signature (required if privilege requested is not approved)	Date		

Rev 11/07 -Page 2 of 2

## UNIVERSITY OF MARYLAND MEDICAL CENTER APPLICATION FOR <u>INITIAL</u> PRIVILEGES FOR CLINICAL USE OF LASERS

NAME:				
DEPT/DIVISION:				
ADDRESS:				
PHONE NUMBER:	DATE:			
For which type of laser are you applying for privileges?				
Carbon Dioxide Argon Nd-YAG	_ Other			
Approximately how many cases have you done with the				
Carbon Dioxide Argon Nd-YAG	_ Other			
For what types of surgery do you use the laser?				
	f course, which types of lasers were used, institution where you took pervised use of the laser, CME credits earned. Enclose copy of CME			
Training with lasers during residency and/or during p with supervision, dates.	practice: Where it occurred, who supervised you, number of cases done			
After completing this form, please return it to the Department of Medical Staff and Graduate Medical Services, 29 South Greene Street, Room 420, Baltimore, MD 21201.				
Applicant's Signature	Date			
Signature of Department/Division Chief	Date			
Approved by Credentials Committee Member	Date			

## UNIVERSITY OF MARYLAND MEDICAL CENTER APPLICATION FOR RECERTIFICATION FOR CLINICAL USE OF LASERS

NAME:					
DEPT/DIVISION:	<del></del>				
ADDRESS:					
PHONE NUMBER: DATE:					
Current privileges	s are for the foll	owing lasers:			
Carbon Dioxide _	Argon	Nd-YAG O	ther		
Please list the type needed for the follo			re requesting continue	ed privileges. (Use additional pages if	
TYPE OF	TYPE OF LASER		PROCEDURES		
List the laser cases	which you have	done in the past two yea	rs:		
TYPE OF LASER	P	ROCEDURE	NUMBER DONE	NUMBER AND TYPE OF COMPLICATIONS, IF ANY	
				surgery? If so, specify title of course, which	
		copy of CME certificate			
After completing the or fax to 410-328-6		eturn it to Medical Staff	Services, 110 South I	Paca Street, 8 <sup>th</sup> Floor, Baltimore, MD 21201,	
Applicant's Signatu	applicant's Signature		Date		
Signature of Depart	nature of Department/Division Chief  Date				
Approved by Credentials Committee Member		Date			