

	<ul style="list-style-type: none"> • Radical prostatectomy • Radical cystectomy for bladder cancer • Reconstruction of ileal bladder • Retroperitoneal lymphadenectomy for testicular cancer • Radical nephrectomy for renal cancer 			
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SPECIAL PRIVILEGES
 (MUST ALSO MEET THE CRITERIA ABOVE)

REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	5 chart reviews
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Kidney transplants	Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation	_____ # of cases in 2 years Minimum of ten (10) cases required at reappointment	5 chart reviews 2 observations
<input type="checkbox"/>	Laparoscopic Retroperitoneal lymph node dissection (RPLND)	Advanced fellowship training in minimally invasive oncology or equivalent experience of 5 cases	_____ # of cases in 2 years Minimum of one (1) case required in the past two years.	1 chart review
<input type="checkbox"/>	Laparoscopic partial nephrectomy	Advanced fellowship training in minimally invasive oncology or equivalent experience of 5 cases	_____ # of cases in 2 years Minimum of one (1) case required in the past two years.	1 chart review
<input type="checkbox"/>	Laparoscopic cystectomy	Advanced fellowship training in minimally invasive oncology or equivalent experience of 5 cases	_____ # of cases in 2 years Minimum of one (1) case required in the past two years.	1 chart review
<input type="checkbox"/>	Radium seed implantation for prostate cancer in conjunction with a radiologist	Must have performed at least 10 to 20 prostate seed implantation procedures in the past 12 months (provide documentation log) Certificate of training that covers the physics and handling of radioactive materials.	_____ # of cases in 2 years Minimum of five (5) cases required in the past two years.	2 chart reviews
<input type="checkbox"/>	Cryoablation Procedures	Advanced fellowship training in minimally invasive oncology, or Certificate of training with equivalent experience of 5 cases	_____ # of cases in 2 years Minimum of two (2) cases in the past two years	2 chart reviews
<input type="checkbox"/>	Bladder Stimulation	Must be able to document at least four procedures in past two years	_____ # of cases in 2 years Minimum of two (2) cases in the past two years	2 chart reviews

<input type="checkbox"/>	Stereotactic Radiosurgery Performed in collaboration with Radiation Oncology	<ul style="list-style-type: none"> • Manufacturer's training course • Observe four (4) cases • Proctored for four (4) cases by Stanford Faculty • Letter from co-director of Cyberknife program and/or letter from Radiation Oncology Clinical Chief 	_____ # of cases in 2 years Minimum of two (2) cases in the past two years	2 chart reviews
<input type="checkbox"/>	Sacral nerve electrode placement	Must be able to document at least one procedure in past two years	_____ # of cases in 2 years Minimum 1 cases required at reappointment	1 chart review
<input type="checkbox"/>	Robotic surgery	<ul style="list-style-type: none"> • Advanced laparoscopic training • Intuitive two-day training course • Fundamentals of laparoscopic surgery course (recommended) FLS • Five (5) cases assisted by an approved surgeon Ten (10) cases proctored by an approved surgeon 	_____ # of cases in 2 years Minimum of five (5) cases required in the past two years.	5 chart reviews 1 observations

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED AND MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT 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 Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.