

Regions Hospital Delineation of Privileges Obstetrics and Gynecology

Applicant's Name: _____
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
 - Review *education and basic formal training* requirements to make sure you meet them.
 - Review *documentation and experience* requirements and be prepared to prove them.
 - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
 - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
 - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – general non-staff OB/GYN privileges for moonlighters
Core II – general staff privileges in OB/GYN
Core III – gynecologic oncology
Core IV – maternal/fetal medicine
Core V – female pelvic medicine and reconstructive surgery / uro-gynecology
Core VI – general reproductive endocrinology
Special privileges in obstetrics and gynecology
 Laser
 Robotics
 Water birth
 Sacral nerve stimulation for urinary control (SNS)
 Point of care ultrasound
Core procedure list
Conscious sedation
Signature page

☐ **CORE I — General non-staff OB/GYN privileges for moonlighters**

Privileges	
<p>Admission, work-up, diagnosis, and provision of surgical and non-surgical treatment, including consultation for patients admitted or in need of care to treat any OB/GYN related problem.</p> <p>These privileges do not include the special requests located in Core III.</p>	
Basic education and minimal formal training	
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH 2. Currently enrolled in an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency program in OB/GYN; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency in OB/GYN.</p> <p><u>For Obstetrics:</u></p> <ul style="list-style-type: none"> • Completion of a fetal heart rate refresher course and participation in at least 2 Birth Center interdisciplinary team training initiatives in a 2 year period. 	
Required documentation and experience	
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Complete online electronic fetal heart monitoring education course within 3 months of initial credentialing. 2. Provide contact information for 2 non-resident physicians the credentialing specialist may contact regarding your clinical competence. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> <div style="width: 45%;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of completion of fetal heart rate refresher course every 2 years. 2. Provide evidence of participation in at least 2 Birth Center interdisciplinary training initiatives in the last 2 years (examples include but are not limited to Simulation exercises performed at Regions or other hospital, fetal heart rate strip review, course attendance for which CME is awarded). Anything performed outside of Regions requires explanation and approval by Section Head 3. Provide documentation showing numbers of inpatient services performed during the past 24 months; <p style="margin-left: 20px;">Or</p> <p style="margin-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Name _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> </div> <div style="width: 45%;"> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> </div> </div>	

☐ **CORE II — General staff privileges in OB/GYN**

Privileges			
<p>OBSTETRICS CORE PRIVILEGES: Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients and provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p> <p>GYNECOLOGY CORE PRIVILEGES: Admit, evaluate, diagnose, treat, and provide consultation and pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>			
Basic education and minimal formal training			
<ol style="list-style-type: none"> 1. MD, DO, MBBS or MB BCH 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada approved OB/GYN residency program. 3. Current certification or active participation in the examination process with achievement of certification within 5 years by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology. <p><u>For Obstetrics:</u></p> <ul style="list-style-type: none"> • Completion of a fetal heart rate refresher course and participation in at least 2 Birth Center interdisciplinary team training initiatives in a 2 year time period 			
Required documentation and experience			
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of inpatient services to at least 30 patients in the past 12 months. 2. Complete online electronic fetal heart monitoring education course within three months of initial credentialing. 3. Provide contact information for two physician peers whom the credentialing specialist may contact regarding your clinical competence. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px solid black; padding-right: 10px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </td> <td style="width: 50%; vertical-align: top; padding-left: 10px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </td> </tr> </table> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of completion of fetal heart rate refresher course every 2 years. 2. Provide evidence of participation in at least 2 Birth Center interdisciplinary training initiatives in the last 2 years (examples include but are not limited to Simulation exercises performed at Regions or other hospital, fetal heart rate strip review, course attendance for which CME is awarded). Anything performed outside of Regions requires explanation and approval by Section Head 3. Provide documentation showing numbers of inpatient services performed during the past 24 months; <p>Or</p> <p>Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your competency.</p>		<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
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Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____

☐ **CORE III — Gynecologic oncology**

Privileges
<p>Admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and the resulting complications, including carcinomas of the cervix, ovary, and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. Same as Core II, and completion of an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in gynecologic oncology. 2. Current subspecialty certification or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Documentation of performance of at least 12 gynecologic oncology procedures, reflective of the scope of privileges requested in the past 12 months; Or Demonstrate successful completion of an ACGME or AOA-accredited residency, clinical fellowship, or of research in a clinical setting within the past 12 months. 2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Supply documentation of numbers of inpatient services performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>

☐ **CORE IV — Maternal-fetal medicine**

Privileges
<p>Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.</p>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. Same as Core II and, completion of an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in maternal and fetal medicine. 2. Current subspecialty certification or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Demonstrate of provision of care, reflective of the privileges requested, to at least 25 patients in the past 12 months; Or Demonstrate successful completion of an ACGME or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. 2. Provide contact information for a physician per whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name _____</div> <div style="width: 45%;">Phone: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name of Facility: _____</div> <div style="width: 45%;">Fax: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Address: _____</div> <div style="width: 45%;">Email: _____</div> </div> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of number of inpatient services performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name _____</div> <div style="width: 45%;">Phone: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name of Facility: _____</div> <div style="width: 45%;">Fax: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Address: _____</div> <div style="width: 45%;">Email: _____</div> </div>

☐ **CORE V — Female pelvic medicine and reconstructive surgery / uro-gynecology**

Privileges
<p>Admit, evaluate, diagnose, treat, and provide consultation and pre-, intra-, and postoperative care necessary to correct or treat female patient of all ages presenting with injuries and disorders of the genitourinary system. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. Same as Core II 2. Completion of an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in female pelvic medicine and reconstructive surgery/uro-gynecology. 3. Current subspecialty certification or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Demonstrate performance of at least 25 female pelvic medicine and reconstructive surgical procedures in the past 12 months, reflective of the scope of privileges requested; Or Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. 2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of numbers of inpatient services performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>

☐ **CORE VI — General reproductive endocrinology**

Privileges													
<p>Admit, evaluate, diagnose, treat, and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p>													
Basic education and minimal formal training													
<ol style="list-style-type: none"> 1. Meet criteria of Core II privileges 2. Completion of an American Board of Obstetrics and Gynecology (ABOG) or an American Osteopathic Association (AOA) approved fellowship in reproductive endocrinology 3. Current subspecialty certification or active participation in the examination process with achievement of certification within 5 years leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology. 													
Required documentation and experience													
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Demonstrate performance of at least 12 reproductive endocrinology procedures in the past 12 months reflective of the scope of privileges requested; Or Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. 2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 10px;">Name _____</td> <td style="width: 50%; padding-left: 10px;">Phone: _____</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 10px;">Name of Facility: _____</td> <td style="padding-left: 10px;">Fax: _____</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 10px;">Address: _____</td> <td style="padding-left: 10px;">Email: _____</td> </tr> </table> <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of number of inpatient services performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 10px;">Name _____</td> <td style="width: 50%; padding-left: 10px;">Phone: _____</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 10px;">Name of Facility: _____</td> <td style="padding-left: 10px;">Fax: _____</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 10px;">Address: _____</td> <td style="padding-left: 10px;">Email: _____</td> </tr> </table>		Name _____	Phone: _____	Name of Facility: _____	Fax: _____	Address: _____	Email: _____	Name _____	Phone: _____	Name of Facility: _____	Fax: _____	Address: _____	Email: _____
Name _____	Phone: _____												
Name of Facility: _____	Fax: _____												
Address: _____	Email: _____												
Name _____	Phone: _____												
Name of Facility: _____	Fax: _____												
Address: _____	Email: _____												

Special privileges in obstetrics and gynecology

Privileges							
<p>Laser/s — Indicate selection/s with an “X.” Practitioner agrees to limit practice to the specific laser for which they provide training and experience documentation as set out below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Angiodynamics endovenous diode (model venus cure) <input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000) <input type="checkbox"/> Lumenis Holium Yag (model power suite 100W) <input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W) </td> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1) <input type="checkbox"/> Sharplan CO2 (model 1041S) <input type="checkbox"/> SSI CO2 40W (model: MD40) </td> </tr> </table>		<input type="checkbox"/> Angiodynamics endovenous diode (model venus cure) <input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000) <input type="checkbox"/> Lumenis Holium Yag (model power suite 100W) <input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)	<input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1) <input type="checkbox"/> Sharplan CO2 (model 1041S) <input type="checkbox"/> SSI CO2 40W (model: MD40)				
<input type="checkbox"/> Angiodynamics endovenous diode (model venus cure) <input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000) <input type="checkbox"/> Lumenis Holium Yag (model power suite 100W) <input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)	<input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1) <input type="checkbox"/> Sharplan CO2 (model 1041S) <input type="checkbox"/> SSI CO2 40W (model: MD40)						
Basic education and minimal formal training							
<ol style="list-style-type: none"> 1. Meet criteria of Core II privileges. 2. Successful completion of an approved residency that included training in laser principles; <div style="margin-left: 20px;">Or</div> <div style="margin-left: 20px;">Completion of an approved eight to 10 hour minimum CME course that includes training in laser principles.</div> 3. Minimum of six hours observation and hands-on experience with lasers. 							
Required documentation and experience							
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of at least five laser procedures in the past 24 months. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of numbers of laser procedures performed during the past 24 months; <div style="margin-left: 20px;">Or</div> <div style="margin-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</div> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 50%;">Name _____</td> <td style="width: 50%;">Phone: _____</td> </tr> <tr> <td>Name of Facility: _____</td> <td>Fax: _____</td> </tr> <tr> <td>Address: _____</td> <td>Email: _____</td> </tr> </table>		Name _____	Phone: _____	Name of Facility: _____	Fax: _____	Address: _____	Email: _____
Name _____	Phone: _____						
Name of Facility: _____	Fax: _____						
Address: _____	Email: _____						

Special privileges in obstetrics and gynecology (continued)

Privileges
<input type="checkbox"/> Water Birth
Basic education and minimal formal training
1. Meet criteria of Core II privileges. 2. Participation in water birth training at Regions Hospital.
Required documentation and experience
NEW APPLICANTS: 1. Submit completed <i>Waterbirth Validation Tool</i> .
REAPPOINTMENT APPLICANTS: 1. Provide documentation of numbers of water births performed during the past 24 months; Or Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.
Name _____ Phone: _____ Name of Facility: _____ Fax: _____ Address: _____ Email: _____

Privileges
<input type="checkbox"/> Sacral nerve stimulation for urinary control (SNS)
Basic education and minimal formal training
1. Successful completion of an ACGME- or AOA-accredited postgraduate training program in urology or in urogynecology. 2. Successful completion of a training course in InterStim Therapy that includes proctoring for initial neurostimulator implant cases.
Required documentation and experience
NEW APPLICANTS: 1. Provide documentation of the performance of at least six InterStim Therapy stimulator test and implant procedures performed in the past 12 months.
REAPPOINTMENT APPLICANTS: 1. Provide documentation of the performance of at least 12 InterStim Therapy stimulator test and implant procedures performed in the past 24 months. 2. Provide evidence of continuing education credits related to SNS for urinary control and InterStim Therapy.

Privileges
<input type="checkbox"/> Point-of-care ultra-sound Practitioner agrees to limit the use of ultrasound to exams performed at the bedside for the purpose of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.
Basic education and minimal formal training
1. Hold one of the core privileges 2. Have completed residency training in a program that included formal hands on ultrasound instruction and experience; Or Completed twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME).
Required documentation and experience
<p>NEW APPLICANTS:</p> <p>Strike through those procedures you do not wish to request</p> <p>Provide documentation demonstrating satisfactory completion of training ultrasound technology (as noted in section above).</p> <ol style="list-style-type: none"> Cardiac: Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 12 months. Invasive procedures: Provide documentation of having performed 5 cases of procedural/invasive ultrasound (can be any combination of procedures) within the last 12 months. Non-invasive procedures: Provide documentation of having performed 5 cases of each type of non-invasive ultrasound for which privileges are requested within the last 12 months. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> Provide documentation of having performed 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the last 24 months. Provide documentation of having performed 10 cases total of procedural/invasive ultrasound (can be any combination of procedures) within the last 24 months. Provide documentation of having performed 20 cases total of non-invasive ultrasound within the last 24 months.

Robotic Assisted Surgery

Select Entity:

Place a check-mark at each entity you are requesting these core privileges.

MH

RH

Requirements:

1. Must meet Basic Minimum Requirements (page 1)
2. Must hold core privileges
3. Must hold privileges to perform procedure for which the robotic system is to be used
4. Must have training and experience in the specific robotic platform to be used

Initial Applicants:

- a. On the next page, provide contact information of the FDA mandated training completed.
AND
- b. Provide documentation of having observed 2 specialty specific robotic operations.
Documentation should include location, name of physician observed, date and type of robotic operation observed.
AND
- c. Provide documentation of having performed 5 proctored specialty specific operations post robotics training.
Documentation should include location, date and type of robotic operation performed.
AND
- d. On the next page, provide contact information for your proctor who can attest to your clinical competency.

OR

- a. On the next page, provide contact information for your residency or fellowship program director who can attest to your clinical competency on the robotic platform
AND
- b. Provide documentation of having performed 5 proctored specialty specific operations post robotics training.
Documentation should include location, date and type of robotic operation performed.
AND
- c. On the next page, provide contact information for your proctor who can attest to your clinical competency.

Reappointment:

- a. Provide documentation of 10 robotic assisted procedures in the last 24 months. Documentation should include location, date and type of robotic operation performed.
AND
- b. On the next page, provide contact information for a physician peer who we can contact to provide an evaluation of your clinical competency as it relates to robotic assisted surgery.

OR

- a. Provide documentation of 10 hours of annual simulator time.
AND
- b. On the next page, provide contact information for a physician peer who we can contact to provide an evaluation of your clinical competency as it relates to robotic assisted surgery.

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Description:

- Use of robotic assisted platform for surgical procedures.
- Physician must limit practice to clinical procedures for which he or she holds privileges
- Physician must limit practice to the specific robotic platform for which he or she has provided documentation of training and experience.

Initial Application: FDA Training Course or Residency/Fellowship Program Director Contact Information	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____
Initial Application: Proctor Contact Information	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____
Reappointment Application: Physician Peer Contact Information	
Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____

Core Procedure List — Obstetrics and Gynecology Clinical Privileges

To the applicant: Strike through those procedures you do not wish to request.

This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

Obstetrics	Gynecology
<ol style="list-style-type: none"> 1. Amnioinfusion 2. Amniocentesis 3. Amniotomy 4. Application of internal fetal and uterine monitors 5. Augmentation and induction of labor 6. Cesarean hysterectomy, cesarean section 7. Cerclage 8. Cervical biopsy or conization of cervix in pregnancy 9. Circumcision of newborn 10. External version of breech 11. Hypogastric artery ligation 12. Interpretation of fetal monitoring 13. Management of high-risk pregnancy, including such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and multiple gestation and placental abnormalities 14. Management of patients with/without medical surgical or obstetrical complications for normal labor, including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise 15. Manual removal of placenta, uterine curettage 16. Medication to induce fetal lung maturity 17. Normal spontaneous vaginal delivery 18. Operative vaginal delivery (including vacuum extraction, breech extraction, low or mid forceps including rotations) 19. Perform history and physical exam 20. Pudendal and paracervical blocks 21. Repair of all vaginal, cervical, perineal laceration 22. Treatment of medical complications of pregnancy, including pregnancy-induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy, and other accidents of pregnancy, such as incomplete, complete, or missed abortion 23. Vaginal birth after cesarean section (VBAC) 	<ol style="list-style-type: none"> 1. Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy 2. Aspiration of breast masses 3. Cervical biopsy including conization 4. Colpocentesis 5. Colpoplasty 6. Colposcopy 7. Cystoscopy as part of gynecological procedure 8. Diagnostic and therapeutic D&C 9. Diagnostic and operative laparoscopy 10. Endometrial ablation 11. Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions 12. Gynecologic sonography 13. Hysterectomy, abdominal, vaginal, including laparoscopic 14. Hysterosalpingography 15. Hysteroscopy, diagnostic or ablative including use of resection technique 16. I&D of pelvic abscess 17. Incidental appendectomy 18. Metroplasty 19. Myomectomy, abdominal 20. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix 21. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure 22. Operation for uterine bleeding (abnormal and dysfunctional) 23. Operations for sterilization (tubal ligation) 24. Perform history and physical exam 25. Repair of rectocele, enterocele, cystocele, or pelvic prolapse 26. Tuboplasty and other infertility surgery (not microsurgical) 27. Uterosacral vaginal vault fixation, paravaginal repair 28. Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair 29. Vulvar biopsy 30. Vuvlectomy, simple

Gynecologic Oncology	Maternal-Fetal Medicine
<ol style="list-style-type: none"> 1. Chemotherapy 2. Microsurgery 3. Myocutaneous flaps, skin grafting 4. Para aortic and pelvic lymph node dissection 5. Pelvic exenteration 6. Perform history and physical exam 7. Radical hysterectomy, vulvectomy, and staging by lymphadenectomy 8. Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated 9. Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery 10. Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection 11. Treatment of malignant disease with chemotherapy to include gestation trophoblastic disease 12. Uterine/vaginal isotope implants 	<ol style="list-style-type: none"> 1. Chorionic villi sampling 2. Diagnostic laparoscopy 3. Fetoscopy/embryoscopy 4. Genetic amniocentesis 5. in utero fetal shunt placement 6. In utero fetal transfusion 7. Interoperative support to obstetrician as requested including operative first assist 8. Laparoscopic enterolysis 9. Percutaneous umbilical blood sampling (PUBS) 10. Perform history and physical exam
Female pelvic medicine and reconstructive surgery	Reproductive Endocrinology
<ol style="list-style-type: none"> 1. Collagen injection 2. Cystoscopy 3. Cystotomy/cystostomy 4. Multichannel urodynamic testing 5. Paravaginal repair 6. Perform history and physical exam 7. Pubovaginal urethral suspension/sling 8. Sacrocolpopexy 9. Sacrospinous ligament suspension 10. Uterosacral culposuspension 	<ol style="list-style-type: none"> 1. Cannulation of fallopian tubes under fluoroscopy 2. Culture and fertilization of oocytes 3. Gamete intrafallopian transfer (G.I.F.T.) 4. Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia 5. Intra-abdominal transfer of gametes and zygotes 6. Laparoscopic retrieval of oocytes 7. Microsurgical tubal reanastomosis and tubouterine implantation 8. Operative and diagnostic hysteroscopy including myomectomy, polypectomy, lysis of adhesions, septoplasty and tubal cannulation 9. Perform history and physical exam 10. Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer 11. Ultrasound retrieval of oocytes

ACKNOWLEDGEMENT 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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications
- ☐ Do not recommend the following requested privileges

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

Signature

Date

Regions Hospital Delineation of Privileges Moderate Sedation

Privilege
<input type="checkbox"/> Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
Basic education and minimal formal training
<ol style="list-style-type: none"> 1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS, 2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program. 3. Current ACLS, ATLS or PALS certification.
Required documentation and experience
<p>NEW APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of successful completion of an examination provided by the Regions medical staff services Or Document experience by providing one of the following: <ul style="list-style-type: none"> • Evidence of successful completion of a moderate sedation test with passing score from another hospital; • Governing board letter from another hospital indicating the applicant has moderate sedation privileges; • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted; • If a recent graduate, attestation of competency from program director. 2. Provide documentation of current ACLS, ATLS or PALS certification. <p>REAPPOINTMENT APPLICANTS:</p> <ol style="list-style-type: none"> 1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; Or Provide documentation from Division/Section Head that attests to ongoing current competence. 2. Provide documentation of current ACLS, ATLS or PALS certification.

TO BE COMPLETED BY APPLICANT: I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

Signature

Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL: I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

Signature

Date