

# Regions Hospital Delineation of Privileges Surgery

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: (*Applicant should check all core privileges you are requesting*)**

- ☐ Core I – General Staff Privileges in Surgery
- ☐ Core II – General Staff Privileges in Trauma (Adult and Pediatric)
- ☐ Core III – Pediatric Trauma Rounding Privileges
- ☐ Core IV – General Staff Privileges in Burn
- ☐ Core V – General Staff Privileges in Colon and Rectal Surgery
- ☐ Core VI – General Staff Privileges in Vascular Surgery
- ☐ Core VII – General Staff Privileges in Surgical Critical Care
- ☐ Special Privileges

**Also included are:**

- ☐ Core Procedure Lists
- ☐ Signature Page

☐ **CORE I -- General Staff Privileges in Surgery** (Appointments are based on the needs of the Department of Surgery as determined by the Division Head of Surgery and Hospital Board)

<b>Privileges</b>
<p>Privileges include the performance of surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various conditions, illnesses and injuries of the: alimentary tract, including colon and rectum, abdomen and its contents, breasts, skin, and soft tissue, head and neck, endocrine system and vascular system, excluding the intracranial vessels, the heart and those vessels intrinsic and immediately adjacent thereto. Also included within this core of privileges: minor extremity surgery (biopsy, I&amp;D, varicose veins, foreign body removal, and skin grafts).</p>
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH.</li> <li>2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency training program in general surgery;</li> <li>3. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery or Royal College of Physicians and Surgeons of Canada.</li> </ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of having performed at least 50 general surgical procedures during the past 24 months;  <b>Or</b>            Successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months  <b>Or</b>            Immediately following residency or fellowship, completion of research in a clinical setting within the past 12 months.</li> <li>2. A letter of reference from the Residency or Fellowship training program is required if within 5 years of completion of a surgical training program.</li> <li>3. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li> </ol> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p> <p style="margin-left: 40px;">Email: _____</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation showing evidence of performing at least 50 general surgery procedures in the past 24 months;  <b>Or</b>            Provide contact information for a physician-peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li> </ol> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Name of Facility: _____</p> <p style="margin-left: 40px;">Address: _____</p> <p style="margin-left: 40px;">Phone: _____ Fax: _____</p> <p style="margin-left: 40px;">Email: _____</p>

☐ **Core II — General Staff Privileges in Trauma (Adult and Pediatric)**

(Appointments are based on the needs of the Trauma Center as determined by the Trauma Medical Director, Division Head of Surgery and Hospital Board)

<b>Privileges</b>
Comprehensive management of trauma, including musculoskeletal and head injuries, and complete care of the critically ill patient with underlying surgical conditions in the emergency department, operating room, and intensive care unit.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. MD, DO, MBBS, or MB BCH.</li><li>2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency training program in general surgery;</li><li>3. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in general surgery by the American Board of Surgery or American Osteopathic Board of Surgery.</li><li>4. Trauma Fellowship training or two years active trauma experience.</li><li>5. Current ATLS provider certification or documentation of registration for an ATLS course within six months of expiration date.</li><li>6. Current certification in Pediatric Advanced Life Support (PALS) or Pediatric Fundamental Critical Care Support.</li></ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation demonstrating the care of at least 50 adult trauma inpatients (primary adult trauma surgeon) or 25 pediatric trauma cases (primary pediatric trauma surgeon) within the past 12 months. <b>Or</b> Successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months <b>Or</b> Immediately following residency or fellowship, completion of research in a clinical setting within the past 12 months.</li><li>2. Provide documentation of 16 Trauma CME credits within the past 12 months (4 CME credits must be related to Pediatric Trauma). Residency or fellowship count for 16 hours of CME annually.</li><li>3. Provide contact information for a physician-peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.  Name: _____  Name of Facility: _____  Address: _____  Phone: _____ Fax: _____  Email: _____</li></ol>

**REAPPOINTMENT APPLICANTS:**

1. Minimum of 32 trauma related CME credits in the past 24 months (4 CME credits must be related to Pediatric Trauma). Residency or fellowship count for 16 hours of CME annually.
2. Must attend at least 50% of Trauma Morbidity and Mortality conferences.
3. Must attend at least 50% of Adult and Pediatric Multidisciplinary Trauma conferences.
4. Document membership or attendance at local, regional, and national trauma meetings during the past 2 years.
5. Must meet satisfactory compliance with trauma performance improvement activities.
6. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- ☐ **Core III - Pediatric Trauma Rounding Privileges** (Appointments are based on the needs of the Trauma Center as determined by the Trauma Medical Director, Division Head of Surgery and Hospital Board)

<b>Privileges</b>
Performance of inpatient rounds and clinic visits for pediatric trauma patients.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH.</li> <li>2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency training program in general surgery.</li> <li>3. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.</li> <li>4. Trauma Fellowship training; <b>Or</b> Two years active trauma experience.</li> <li>5. Current ATLS provider certification or documentation of registration for an ATLS course within six months of expiration date.</li> <li>6. Current certification in Pediatric Advanced Life Support (PALS) or Pediatric Fundamental Critical Care Support (P-FCCS).</li> </ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. For applicants who have completed training in the past 12 months, provide documentation demonstrating the care of at least 25 pediatric trauma cases (at least 25 patients &lt; 15 years of age treated by the surgeon) within the last 12 months.</li> <li>2. For applicants who have been actively practicing trauma for the past 12 months, provide documentation demonstrating the care of at least 50 pediatric trauma cases and at least 50 patients &lt; 15 years of age treated by the surgeon within the last 12 months.</li> <li>3. Provide documentation of 16 Trauma CME credits from the past 12 months, at least 4 of which must be related to pediatric trauma. Residency or fellowship count for 16 hours of CME annually.</li> <li>4. Provide contact information for a physician-peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li> </ol> <p style="margin-left: 150px;">Name: _____</p> <p style="margin-left: 150px;">Name of Facility: _____</p> <p style="margin-left: 150px;">Address: _____</p> <p style="margin-left: 150px;">Phone: _____ Fax: _____</p> <p style="margin-left: 150px;">Email: _____</p>

**REAPPOINTMENT APPLICANTS:**

1. Provide documentation demonstrating a minimum of 32 trauma related CME credits from the past 24 months, of which at least 6 must be related to pediatric trauma. Residency or fellowship count for 16 hours of CME annually.
2. Must attend of a minimum 50% attendance at Pediatric Multidisciplinary Trauma Performance Improvement Committee.
3. Must attend the Multidisciplinary Trauma conference.
4. Must meet satisfactory compliance with trauma performance improvement activities.
5. Document membership or attendance at local, regional, and national trauma meetings during the past 2 years.
6. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- ☐ **CORE IV — General Staff Privileges in Burn Care** (Appointments and reappointments are based on the needs of the Burn Center as determined by the Burn Center Medical Director, Division Head of Surgery and Hospital Board.)

<b>Privileges</b>
Comprehensive management of burn patients, including thermal injury, electrical injury, chemical injuries, and radiation injuries including acute care of the burn patient, fluid resuscitation, escharotomies, fasciotomies, surgical excision and grafting and contracture releases with skin grafting. Comprehensive burn care also includes long term care and supervision of the burn patient's rehabilitation and reintegration into society.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH</li> <li>2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada training program in General Surgery.</li> <li>3. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery.</li> <li>4. Burn fellowship trained or two years of active burn experience caring for at least 50 inpatient burn patients annually</li> <li>5. Current ABLS Provider or Instructor Certification.</li> </ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of providing inpatient care to a minimum of 50 burn patients and at least 5 pediatric burn patients in the past 12 months  <b>Or</b>            Successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months  <b>Or</b>            Immediately following residency or fellowship, completion of research in a clinical setting within the past 12 months.</li> <li>2. Provide documentation of 16 burn and/or trauma CME credits in the past 12 months. Residency or fellowship count for 16 hours of CME annually.</li> <li>3. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</li> </ol> <p style="margin-left: 150px;">Name: _____</p> <p style="margin-left: 150px;">Name of Facility: _____</p> <p style="margin-left: 150px;">Address: _____</p> <p style="margin-left: 150px;">Phone: _____ Fax: _____</p> <p style="margin-left: 150px;">Email: _____</p>

**REAPPOINTMENT APPLICANTS:**

1. Provide evidence of a minimum of 32 burn and/or trauma related CME credits in the past 24 months.
2. Attend a minimum of 50% of the weekly burn team rounds.
3. Attend a minimum of 50% of Burn Mortality & Morbidity Conferences.
4. Satisfactory compliance with burn performance improvement activities.
5. Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_





## **CORE V — General Staff Privileges in Colon and Rectal Surgery**

(Appointments and reappointments are based on the needs of the Department of Surgery as determined by the Department Head of Surgery, Division Head of Surgery and Hospital Board.)

<b>Privileges</b>
Performance of surgical procedures including admission, evaluation, diagnosis, treatment, and provision of consultation to patients of all ages presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means including intestinal disease involvement of the liver, urinary, and female reproductive systems.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved postgraduate training program in general surgery with an additional one year training program in colon and rectal surgery;</li><li>3. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in colon and rectal surgery by the American Board of Colon and Rectal Surgery.</li></ol>
<b>Required documentation and experience</b>
<b>NEW APPLICANTS</b> <ol style="list-style-type: none"><li>1. Provide documentation of having performed at least 50 colon and rectal surgery procedures during the past 12 months <b>Or</b> Successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months. <b>Or</b> Immediately following residency or fellowship, completion of research in a clinical setting within the past 12 months.</li><li>2. A letter of reference from the Residency or Fellowship training program is required if within 5 years of completion of a surgical training program.</li><li>3. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.  Name: _____ Name of Facility: _____ Address: _____ Phone: _____ Fax: _____ Email: _____</li></ol>

**REAPPOINTMENT APPLICANTS**

1. Provide documentation showing evidence of performing at least 50 colon and rectal surgery procedures 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: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- ☐ **CORE VI — General Staff Privileges in Vascular Surgery** (Appointments and reappointments are based on the needs of the Department of Surgery as determined by the Department Head of Surgery, Division Head of Surgery and Hospital Board.)

<b>Privileges</b>
Privileges include evaluation, diagnosis, provision of consultation to and treatment of patients of all ages except especially excluded from practice with diseases and disorders of the arterial, venous, and lymphatic circulatory systems excluding the intracranial vessels or the heart. Core privileges in this specialty include procedures on the attached procedure list and other procedures that are extension of the same techniques and skills.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH.</li> <li>2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved residency training program in vascular surgery or subspecialty certification, or special/added qualifications in vascular surgery by the American Board of Surgery or the American Osteopathic Board of Surgery, or successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in general surgery including training in vascular surgery.</li> <li>3. Current certification or active participation in the examination process, with achievement of certification within 5 years, leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery. Candidates completing postgraduate training in vascular surgery or subspecialty certification eligible programs should complete certification or active participation in the examination process with achievement of subspecialty recognition in vascular surgery within five years by the American Board of Surgery or the American Osteopathic Board of Surgery.</li> </ol>
<b>Required documentation and expertise</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. 50 vascular surgical procedures in the past 12 months;  <b>Or</b>            Successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months  <b>Or</b>            Immediately following residency or fellowship, completion of research in a clinical setting within the past 12 months.</li> <li>2. A letter of reference from the Residency or Fellowship training program is required if within 5 years of completion of a surgical training program.</li> <li>3. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li> </ol> <p style="text-align: right;">           Name: _____            Name of Facility: _____            Address: _____            Phone: _____ Fax: _____            Email: _____         </p>

**REAPPOINTMENT APPLICANTS:**

1. Provide documentation showing evidence of performing at least 50 vascular surgery procedures 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: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## **CORE VII — General Staff Privileges in Surgical Critical Care**

(Appointments are based on the needs of the Surgical Intensive Care Unit as determined by the SICU Medical Director, Department Head of Surgery, Division Head of Surgery, Section Head of Critical Care and Hospital Board)

<b>Privileges</b>
<p>Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill adult patients with multiple organ dysfunctions and in need of critical care for life threatening disorders.</p> <p>The core privileges in this specialty include the procedures of the attached procedure list and other procedures that are extensions of the same techniques and skills.</p>
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. MD, DO or MBBS, MB BCH.</li><li>2. Completion of an approved residency program in surgery, internal medicine, anesthesia, emergency medicine or pediatrics with the ACGME, AOA or Royal College of Physicians and Surgeons of Canada.</li><li>3. Successful completion of an accredited fellowship in critical care medicine (NOT REQUIRED IF BOARD CERTIFIED IN CRITICAL CARE MEDICINE).</li><li>4. Current subspecialty certification or active participation in the examination process -- with achievement of certification within 5 years – in subspecialty certification in critical care medicine by the relevant American Board of Medical Specialties, or the American Osteopathic Board.</li></ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of inpatient care to at least 30 patients in the critical care unit during the past 12 months; <b>Or</b> As stated above under basic education and minimal formal training, successful completion of an ACGME- or AOA- accredited residency, clinical fellowship, or research setting within the past 12 months.</li><li>2. ACLS, ATLS, PALS, FCCS or PFCCS certification.</li><li>3. Provide contact information for physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"><li>1. Provide documentation of the number of inpatient services for 50 patients performed during the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competence.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>

## Special Privileges

### ☐ Laser

**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.

- |   |  |
|---|--|
| <input type="checkbox"/> Angiodynamics endovenus diode (model venus cure) | <input type="checkbox"/> Iridex oculight TX KPP Yag (model 3200-1) |
| <input type="checkbox"/> Cardiogenesis Holium Yag (model ns 2000)         | <input type="checkbox"/> Sharplan CO2 (model 1041S)                |
| <input type="checkbox"/> Lumenis Holium Yag (model power suite 100W)      | <input type="checkbox"/> SSI CO2 40W (model: MD40)                 |
| <input type="checkbox"/> Lumenis Holium Yag (model: power suite 20W)      | <input type="checkbox"/> Other, specify _____                      |

### Basic education and minimal formal training

1. Hold one of the core privileges
2. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles;  
**Or**  
Completion of an approved 8-10 hour minimum CME course which includes training in laser principles, a minimum of 6 hours observation, and hands-on experience with lasers.

### Required documentation and experience

#### NEW APPLICANTS:

1. Provide documentation demonstrating the performance of a minimum of 5 laser procedures in 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.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### REAPPOINTMENT APPLICANTS:

1. Provide documentation of the performance of a minimum of 10 procedures in the past 24 months.
2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Endovenous Ablative Therapy (ELVT) via all energy sources****Basic education and minimal formal training**

1. Hold one of the core privileges.
2. Successful completion of an ACGME OR AOA accredited residency or fellowship program which included supervised training in the diagnosis and treatment of varicose veins and training in interpreting ultrasound examinations of the legs.
3. Successful completion of training in ELVT, which included the performance/interpretation of 20 ELVT procedures.

**Required documentation and experience****NEW APPLICANTS:**

1. Provide documentation demonstrating the performance of at least 20 ELVT procedures in the past 12 months.  
Or  
Letter from Fellowship program stating the applicant is proficient in ELVT.
2. Provide contact information for a physician-peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**REAPPOINTMENT APPLICANTS:**

1. Provide documentation demonstrating the performance and or interpretation of at least 10 ELVT procedures in the past 24 months.
2. Provide contact information for a physician-peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## Sentinel Lymph Node Biopsy

### Basic education and minimal formal training

1. Hold one of the core privileges.
2. Successful completion of an accredited residency in general surgery.  
**Or**  
Successful completion of an approved course leading to the ability to evaluate patients for the sentinel node mapping procedure, to understand the clinical implications of the findings, and become familiar with the technique and equipment used.

### Required documentation and experience

#### NEW APPLICANTS:

1. Provide documentation demonstrating the performance of a minimum of 12 sentinel lymph node biopsy procedures in 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.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### REAPPOINTMENT APPLICANTS:

1. Provide documentation demonstrating the performance of a minimum of 24 sentinel lymph node biopsy procedures in the past 24 months.

**Note:** It is recommended that if the physician performing sentinel lymph node biopsy does not have direct training or experience in both nuclear medicine and pathology, then the physician must have access to individuals who have expertise in those areas.

2. Provide contact information for a physician-peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



# Robotic Assisted Surgery

Select Entity:	MH	RH
Place a check-mark at each entity you are requesting these core privileges.		

**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 -- General Surgery, Trauma, and Burn Clinical Privileges

**To the applicant:** Strike through procedures you do not want 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.

1. Abdominoperineal resection
2. Amputations, above the knee, below knee; toe, transmetatarsal, digits
3. Anoscopy
4. Appendectomy
5. Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
6. Circumcision
7. Colectomy (abdominal)
8. Colon surgery for benign or malignant disease
9. Colotomy, colostomy
10. Correction of intestinal obstruction
11. Drainage of intraabdominal, deep ischiorectal abscess
12. Emergency thoracostomy
13. Endoscopy (intraoperative)
14. Enteric fistulae, management
15. Enterostomy (feeding or decompression)
16. Esophageal resection and reconstruction
17. Distal esophagogastrectomy
18. Excision of fistula in ano/fistulotomy, rectal lesion
19. Excision of pilonidal cyst/marsupialization
20. Excision of thyroid tumors
21. Excision of thyroglossal duct cyst
22. Gastric operations for cancer (radical, partial, or total gastrectomy)
23. Gastroduodenal surgery
24. Gastrostomy (feeding or decompression)
25. Genitourinary procedures incidental to malignancy or trauma
26. Gynecological procedure incidental to abdominal exploration
27. Hepatic resection
28. Hemodialysis access procedures
29. Hemorrhoidectomy, including stapled hemorrhoidectomy
30. Incision and drainage of abscesses and cysts
31. Incision and drainage of pelvic abscess
32. Incision, excision, resection and enterostomy of small intestine
33. Incision/drainage and debridement, perirectal abscess
34. Insertion and management of pulmonary artery catheters
35. IV access procedures, central venous catheter, and ports

36. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning
37. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis.
38. Liver biopsy (intraoperative), liver resection
39. Management of soft-tissue tumors, inflammations and infection
40. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
41. Pancreatectomy, total or partial
42. Pancreatic sphincteroplasty
43. Parathyroidectomy
44. Perform history and physical exam
45. Peritoneal venous shunts, shunt procedure for portal hypertension
46. Peritoneovenous drainage procedures for relief of ascites
47. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
48. Pyloromyotomy
49. Radical regional lymph node dissections
50. Removal of ganglion (palm or wrist, flexor sheath)
51. Repair of perforated viscus (gastric, small intestine, large intestine)
52. Scalene node biopsy
53. Sclerotherapy
54. Selective vagotomy
55. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
56. Skin grafts (partial thickness, simple)
57. Small bowel surgery for benign or malignant disease
58. Splenectomy (trauma, staging, therapeutic)
59. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
60. Thoracentesis
61. Thoracoabdominal exploration
62. Thyroidectomy and neck dissection
63. Tracheostomy
64. Transhiatal esophagectomy
65. Tube thoracostomy
66. Vein ligation and stripping
67. Trauma Care:
  - Pertinent history and physical examination
  - Resuscitation
  - Stabilization of neurologic, orthopedic, torso injuries
  - Operative management of torso and extremity injuries
68. Burn Care:
  - Pertinent history and physical examination
  - Resuscitation
  - Stabilization, initial wound care of cranial, cervical, extremity, torso injury
  - Management of electrical, chemical injuries
  - Operative management including escharotomy, debridement, and skin grafts

## Core Procedure List -- Colon and Rectal Surgery Clinical Privileges

**To the applicant:** If you want to exclude any procedures, please strike through those procedures you do not wish to request.

1. Performance of focused history and physical exam
2. Appendectomy as related to colon rectal surgery
3. Excision of rectal lesion
4. Incision, drainage and debridement of perirectal abscess
5. Incision/excision of pilonidal cyst
6. IV access procedures, central venous catheter
7. Repair of perforated viscus (gastric, small intestine, large intestine)

### Anorectal procedures

1. Excisional hemorrhoidectomy (conventional, procedure of prolapse and hemorrhoids)
2. Fistulotomy
3. Endorectal advancement flap
4. Sphincteroplasty
5. Internal sphincterotomy

### Abdominal procedures

1. Strictureplasty
2. Segmental colectomy (includes ileocolic resection)
3. Laparoscopic resections
4. Low anterior resection (straight anastomosis, with colon pouch or coloplasty)
5. Abdominoperineal resection
6. Transanal excision
7. Proctocolectomy (with ileostomy, with ileoanal reservoir, stapled anastomosis, hand sewn, either ileal pouch-anal anastomosis [IPAA] or coloanal, with/without reservoir)
8. Prolapsed repair (abdominal, perineal)
9. Stomas (parastomal hernia, stenosis retraction prolapse, fistula)
10. Total pelvic dissections (rectal cancer, abdominal perineal resection, low anterior resection, coloanal, proctocolectomy, IPAA)

### Endoscopy/pelvic floor

1. Proctoscopy/anoscopy
2. Colonoscopy (diagnostic, with polypectomy)
3. Endorectal ultrasound/endoanal ultrasound
4. Pelvic floor evaluation

### Medical management and treatment

1. Anorectal (anal fissure, anal fistula, hemorrhoids, pelvic floor, constipation, incontinence)
2. Abdominal (carcinoma of the rectum, Crohn's disease, diverticular disease, FAP/Gardner's syndrome, prolapsed, ulcerative colitis, intra-abdominal trauma, including observation, paracentesis, lavage)

## Core Procedure List -- Vascular Surgery Clinical Privileges

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

1. Performance of focused history and vascular exam
2. Amputations of an upper or lower extremity
3. Diagnostic angiography / arteriography (excluding intracardiac and intracranial)
4. Diagnostic venography (excluding intracardiac and intracranial)
5. Central venous access catheters and ports
6. Hemodialysis access procedures
7. Cervical, thoracic, or lumbar sympathectomy
8. Diagnostic biopsy or other diagnostic procedures on blood vessels
9. Endovascular procedures, including:
  - o Repair (e.g., stent, stent graft, and embolization) of aneurysms of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, and the carotid and vertebral arteries
  - a. Reconstruction and repair (e.g., angioplasty, stent, stent graft, and embolization) of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral / renal arteries, aortic arch branch vessels, and the carotid and vertebral arteries
10. Open vascular procedures including
  - o Repair of aneurysms of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral / renal arteries, aortic arch branch vessels, carotid and vertebral arteries, and peripheral arteries
  - o Reconstruction and repair of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral / renal arteries, aortic arch branch vessels, carotid and vertebral arteries, peripheral arteries, central veins, and peripheral veins (e.g., endarterectomy, thrombectomy, embolectomy, bypass grafting, prosthetic graft, autologous vein, in situ vein, and extra-anatomic bypass)
11. Open and percutaneous endovascular procedures (excluding intracardiac and intracranial)
12. Placement of inferior vena cava filter
13. Endovenous ablative therapy (laser or radiofrequency)
14. Intravascular ultrasonography
15. Balloon angioplasty
16. Stent placement
17. Stent graft placement
18. Intra-arterial and IV thrombolytic therapy
19. Embolization / ablation, including transarterial chemoembolization
20. Decompression fasciotomy
21. Sclerotherapy
22. Temporal artery biopsy
23. Vein ligation and stripping
24. Vascular laboratory
25. Interpretation of noninvasive cerebrovascular studies
26. Interpretation of noninvasive arterial studies of the extremities
27. Interpretation of noninvasive venous studies
28. Interpretation of noninvasive studies of visceral and intra-abdominal vessels
29. Transcranial Doppler (determine whether core or non-core)

## Core Procedure List -- Critical Care Clinical Privileges

**To the applicant:** Strike through 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.

<ol style="list-style-type: none"> <li>1. Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy</li> <li>2. Arterial puncture</li> <li>3. Cardiopulmonary resuscitation</li> <li>4. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients</li> <li>5. Cardiac output determinations by thermodilution and other techniques</li> <li>6. Temporary cardiac pacemaker insertion and application</li> <li>7. Cardioversion</li> <li>8. Echocardiography interpretation</li> <li>9. Electrocardiography interpretation</li> <li>10. Esophagoscopy and gastroscopy</li> <li>11. Evaluation of oliguria</li> <li>12. Extracorporeal membrane oxygenation (ECMO)</li> <li>13. Insertion of central venous and arterial lines</li> <li>14. Insertion of hemodialysis, peritoneal dialysis catheters</li> <li>15. Management of intracranial pressure/cerebral perfusion pressure</li> <li>16. Lumbar puncture</li> <li>17. Management of anaphylaxis and acute allergic reactions</li> <li>18. Management of life-threatening disorders in intensive care units, including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure</li> <li>19. Management of massive transfusions</li> <li>20. Management of the immunosuppressed patient</li> <li>21. Monitoring and assessment of metabolism and nutrition</li> </ol>	<ol style="list-style-type: none"> <li>22. Needle and tube thoracostomy</li> <li>23. Paracentesis</li> <li>24. Percutaneous needle aspiration of palpable masses</li> <li>25. Percutaneous tracheostomy/cricothyrotomy tube placement</li> <li>26. Perform history and physical exam</li> <li>27. Pericardiocentesis</li> <li>28. Peritoneal dialysis</li> <li>29. Peritoneal lavage</li> <li>30. Preliminary interpretation of imaging studies</li> <li>31. Thoracentesis</li> <li>32. Tracheostomy</li> <li>33. Transtracheal catheterization</li> <li>34. Image guided techniques as an adjunct to privileged procedures</li> <li>35. Use of reservoir masks, nasal prongs/canulas and nebulizers to deliver supplemental oxygen and inhalants</li> <li>36. Ventilatory management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)</li> <li>37. Wound care</li> <li>38. Management of transcranial doppler monitoring</li> <li>39. Management of thrombolytic therapy</li> <li>40. Management of patients after peripheral and cerebral endovascular procedures</li> <li>41. Management of cerebral perfusion pressure</li> <li>42. "Induced" coma management</li> <li>43. Acute coagulopathy/blood discrasias</li> </ol>
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## 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.

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Signature

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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:

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Signature

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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"> <li>1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS,</li> <li>2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program.</li> <li>3. Current ACLS, ATLS or PALS certification.</li> </ol>
Required documentation and experience
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of successful completion of an examination provided by the Regions medical staff services <b>Or</b> Document experience by providing one of the following:           <ul style="list-style-type: none"> <li>• Evidence of successful completion of a moderate sedation test with passing score from another hospital;</li> <li>• Governing board letter from another hospital indicating the applicant has moderate sedation privileges;</li> <li>• Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted;</li> <li>• If a recent graduate, attestation of competency from program director.</li> </ul> </li> <li>2. Provide documentation of current ACLS, ATLS or PALS certification.</li> </ol> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months; <b>Or</b> Provide documentation from Division/Section Head that attests to ongoing current competence.</li> <li>2. Provide documentation of current ACLS, ATLS or PALS certification.</li> </ol>

**TO BE COMPLETED BY APPLICANT:** I agree to supply 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