



GREATER LANSING

DEPARTMENT OF SURGERY
UROLOGY SECTION

Privilege Request Form

Applicant's Name: _____

(Please Print)

In conjunction with my appointment to the Professional Staff, I request the privileges checked below. As consistent with the Credentialing Policy of the Urology Section, I understand that supporting documentation must be provided, as applicable, and that if supporting documentation is not provided, this request will not be considered complete.

SCOPE OF PRIVILEGES: Scope of privileges defined within this section includes the diagnosis and treatment of illness or injury to the genitourinary tract, including the genitalia, urinary tract, bladder, prostate, and kidneys.

- Adrenal procedures
Abdominal herniorrhaphies
Small and large bowel conduit and augmentation procedures
Scrotum procedures
Urinary tract endoscopic procedures
Renal Surgery
Ureter Surgery
Bladder Surgery
Prostate Surgery
Retroperitoneal, pelvic, and inguinal lymphadenectomy
Urethral surgery
Surgery of the male genitalia
Fistula repair of the urinary tract
Penile repair of the urinary tract
Urinary incontinence procedures, including artificial sphincters
Extracorporeal shock wave lithotripsy
Laser Surgery
Yes (must complete the separate Laser Privilege Request Form)
No

Other: (Please Specify)

Two horizontal lines for specifying other privileges.

Applicant's Signature

Date

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For Office Use Only

Department Recommendation:

- () Approve as requested
- () Approve with modifications as noted below
- () Denial of privileges

Modifications _____

Assigned Observers: _____

I (we) attest that in recommending these privileges, due consideration has been given to the applicant's professional performance, training, experience, judgment, and technical skills.

Chairman, Urology Section _____
Date

Chairman, Department of Surgery _____
Date

Co-Chief of Professional Staff (if requesting interim privileges) _____
Date

Action:

Credentials Committee Date: _____
Executive Committee Date: _____
Board of Trustees Date: _____

Comments/Modifications Recommended: _____
