

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective May 20 2016:*

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

### INSTRUCTIONS:

**Applicant:** Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

### OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### QUALIFICATIONS FOR UROLOGY:

**Initial Privileges:** To be eligible to apply for privileges in urology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in urology;  
**AND/OR**
2. Current certification or active participation in the examination process, leading to subspecialty certification in urology by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).
3. Required current experience: An adequate volume of urological procedures, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrated successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the past twelve (12) months.

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**Renewal of Privileges:** To be eligible to renew privileges in urology, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### CORE PRIVILEGES: Urology

Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. 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 below procedure lists, and other such procedures that are extensions of the same techniques and skills.

#### Requested

#### Urology Core Procedures List

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

**To the applicant:** If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. All forms of prostate ablation
2. All forms of prostatectomy, including biopsy, and including open radical retropubic prostatectomy
3. Anterior pelvic exenteration
4. Appendectomy as a component of urologic procedure
5. Bladder instillation treatments for benign and malignant disease
6. Bowel resection as a component of urologic procedure
7. Circumcision
8. Closure evisceration
9. Continent reservoirs
10. Creation of neobladders
11. Cystolithotomy
12. Cystoscopy
13. Enterostomy as component of urologic procedure
14. Excision of retroperitoneal cyst or tumor
15. Exploration of retroperitoneum

## UNMH UROLOGY CLINICAL PRIVILEGES

**NAME:** \_\_\_\_\_ **EFFECTIVE DATES: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

16. Extracorporeal shock wave lithotripsy
17. Inguinal herniorrhaphy as related to urologic operation
18. Insertion/removal of ureteral stent
19. Intestinal conduit
20. Laparoscopic surgery, urologic for diseases of the urinary tract
21. Laparotomy for diagnostic or exploratory purposes (urologic related conditions)
22. Lymph node dissection-inguinal, retroperitoneal, or pelvic
23. Management of congenital anomalies of the genitourinary tract (presenting in the adult), including epispadias and hypospadias
24. Microscopic surgery-epididymovasostomy, vasovasotomy
25. Open renal biopsy
26. Open stone surgery on kidney, ureter, bladder
27. Other plastic and reconstructive procedures on external genitalia
28. Penis repair for benign or malignant disease, including grafting
29. Percutaneous aspiration or tube insertion
30. Percutaneous nephrolithotripsy
31. Performance and evaluation of urodynamic studies
32. Perform history and physical exam
33. Periurethral injections (e.g., collagen)
34. Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney
35. Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
36. Renal surgery through established nephrostomy or pyelostomy
37. Sphincter prosthesis
38. Surgery of the testicle, scrotum, epididymis and vas deferens, including biopsy, excision, and reduction of testicular torsion, orchiopexy
39. Surgery upon the adrenal gland
40. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach
41. Surgery upon the penis
42. Surgery upon the ureter and renal pelvis
43. Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy and reconstruction
44. Total or simple cystectomy
45. Transurethral surgery, including resection of prostate and bladder tumors
46. Transvesical ureterolithotomy
47. Treatment of urethral valves, open and endoscopic
48. Ureteral substitution
49. Uretero-calyceal anastomosis
50. Ureterocele repair, open or endoscopic
51. Ureteroscopy, including treatment of all benign and malignant processes
52. Urethral fistula repair, all forms, including grafting
53. Urethral suspension procedures, including grafting, all material types

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

54. Urethroscopy, including treatment for all benign and malignant processes
55. Ventral/flank herniorrhaphy as related to urologic operation
56. Viscual urethrotomy

### SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

#### QUALIFICATIONS FOR PEDIATRIC UROLOGY:

**Criteria:** To be eligible to apply for clinical privileges in pediatric urology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in urology, followed by successful completion of an accredited fellowship in pediatric urology; AND/OR
2. Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric urology by the American Board of Urology.
3. Required current experience: Previous experience in an adequate number of pediatric urological procedures (as defined by the department chair), with demonstrated current competence and acceptable outcomes, reflective of the scope of privileges requested during the past twelve (12) months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence and acceptable outcomes for an adequate volume of experience in pediatric urological procedures, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### NON-CORE PRIVILEGES: Pediatric Urology

Admit, evaluate, diagnose, consult and treat pediatric patients with congenital anomalies, childhood-acquired urologic problems such as tumors and trauma and overlapping problems of adolescence. 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 below procedure lists, and other such procedures that are extensions of the same techniques and skills.

Requested

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

### Pediatric Urology Core Procedures List

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

**To the applicant:** If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Perform history and physical exam
2. Anterior pelvic exenteration
3. Appendectomy as component of urologic procedure
4. Bowel resection as component of urologic procedure
5. Closure evisceration
6. Continent reservoirs
7. Enterostomy as component of urologic procedure
8. Inguinal herniorrhaphy as related to urologic operation
9. Intestinal conduit
10. Surgery of the lymphatic system including lymph node dissection-inguinal, retroperitoneal, or pelvic, excision of retroperitoneal cyst or tumor, exploration of retroperitoneum
11. Management of congenital anomalies of the genitourinary tract including epispadias and hypospadias
12. Open stone surgery on kidney, ureter, bladder
13. Percutaneous aspiration or tube insertion
14. Performance and evaluation of urodynamic studies
15. Surgery of the testicle, scrotum, epididymis and vas deferens including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, repair of injury
16. Surgery upon the adrenal gland including adrenalectomy and excision of adrenal lesion
17. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, open renal biopsy
18. Surgery upon the penis including circumcision, penis repair for benign or malignant disease including grafting, excision or biopsy of penile lesion
19. Surgery upon the ureter and renal pelvis including ureterolysis, insertion/removal of ureteral stent, ureterocele repair, open or endoscopic
20. Surgery upon the urethra including treatment of urethral valves, open and endoscopic, urethral fistula repair, all forms including grafting, urethral suspension procedures including grafting, all material types, visual urethrotomy, sphincter prosthesis, periurethral injections (e.g., collagen)
21. Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, repair of bladder injury bladder neck suspension
22. Surgery of the prostate including transrectal ultrasound guided and other biopsy techniques
23. Ventral/flank herniorrhaphy as related to urologic operation
24. Extracorporeal shock wave lithotripsy
25. Laparoscopic surgery, urologic for disease of the urinary tract

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

26. Laparotomy for diagnostic or exploratory purposes (urologic related conditions)
27. Cystoscopy
28. Percutaneous nephrolithotripsy
29. Transurethral surgery, including resection of prostate and bladder tumors
30. Transvesical ureterolithotomy
31. Uteroscopy including treatment of all benign and malignant processes
32. Urethroscopy including treatment for all benign and malignant processes
33. Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney
34. Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
35. Other plastic and reconstructive procedures on external genitalia

### QUALIFICATIONS FOR USE OF LASER

**Criteria:** To be eligible to apply for use of laser, the applicant must meet the following criteria:

1. Successful completion of an approved residency program in a specialty or subspecialty which included training in laser principles, or completion of an approved eight (8) to ten (10) hour minimum CME course which included training in laser principles; **AND**
2. Applicant should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges and is acting as a preceptor; practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience; the applicant must supply a certificate documenting they have attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course; **AND**
3. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: USE OF LASER

Requested

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

### QUALIFICATIONS FOR LAPAROSCOPIC RADICAL PROSTATECTOMY (LRP)

**Criteria:** To be eligible to apply for laparoscopic radical prostatectomy (LRP), the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA approved residency program in urology or general surgery which included training in advanced minimally invasive surgery and LRP; **OR**
2. Completion of a hands-on CME in LRP which was supervised by an experienced LRP surgeon; **AND**
3. All applicants should also have the ability to perform open radical retropubic prostatectomies.
4. Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of advanced laparoscopic procedures as defined by the department chair, which includes a specific number of LRPs in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of LRPs as defined by the chair, with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: LAPAROSCOPIC RADICAL PROSTATECTOMY (LRP)

Requested

### QUALIFICATIONS FOR LAPAROSCOPIC NEPHRECTOMY

**Criteria:** To be eligible to apply for laparoscopic nephrectomy, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA approved residency program in urology or general surgery which included training in advanced minimally invasive surgery or minimally invasive urology; if applicant does not have formal training, he/she should be able to demonstrate equivalent training that included procedures proctored by an experienced laparoscopic nephrectomy surgeon; **AND**
2. All applicants should also have the ability to perform open nephrectomies.
3. Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of laparoscopic nephrectomies in the past twelve (12) months. The procedure should include the categories for nephrectomies (donor, removal of diseased kidney, or removal of cancerous kidney) for which privileges are requested.

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of laparoscopic nephrectomy procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. The procedure should include the categories for nephrectomies (donor, removal of diseased kidney, or removal of cancerous kidney) for which privileges are requested. In addition, continuing education related to laparoscopic nephrectomy is recommended.

### NON-CORE PRIVILEGES: LAPAROSCOPIC NEPHRECTOMY

Requested

### QUALIFICATIONS FOR SACRAL NERVE STIMULATION FOR URINARY CONTROL

**Criteria:** To be eligible to apply for sacral nerve stimulation for urinary control, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited postgraduate training program in urology or urogynecology; **AND**
2. All applicants must have completed a training course in InterStim therapy; **AND**
3. All applicants shall be proctored in their initial neurostimulator implant cases as defined by the department chair.
4. Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of InterStim therapy stimulator test and implant procedures in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of InterStim therapy stimulator test and implant procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to sacral nerve stimulation for urinary control and InterStim therapy shall be required.

### NON-CORE PRIVILEGES: SACRAL NERVE STIMULATION FOR URINARY CONTROL

Requested



## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

### QUALIFICATIONS FOR TRANSURETHRAL MICROWAVE THERMOTHERAPY (TUMT) FOR BPH

**Criteria:** To be eligible to apply for transurethral microwave thermotherapy (TUMT) for BPH, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited postgraduate training program in urology that included training in TUMT; **OR**
2. Completion of an approved CME that included a didactic portion and a hands-on session involving the observation of two patient treatments.
3. Required current experience: Demonstrated current competence with acceptable outcomes and evidence of the performance of an adequate number of TUMT procedures in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence with acceptable outcomes and evidence of the performance of an adequate number of TUMT procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: TRANSURETHRAL MICROWAVE THERMOTHERAPY (TUMT) FOR BPH

Requested

### QUALIFICATIONS FOR PHOTO-SELECTIVE VAPORIZATION OF THE PROSTATE (PVP)

**Criteria:** To be eligible to apply for photo-selective vaporization of the prostate (PVP), the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited postgraduate training program in urology that included training in photo-selective vaporization of the prostate (PVP); **OR**
2. Completion of a laserscope-approved training program that included proctoring in initial cases by a laserscope company representative.
3. Required current experience: Demonstrated current competence with acceptable outcomes and evidence of the performance of an adequate number of PVP procedures in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence with acceptable outcomes and evidence of the performance of an adequate number of PVP procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to BPH and PVP should be required.

### NON-CORE PRIVILEGES: PHOTO-SELECTIVE VAPORIZATION OF THE PROSTATE (PVP)

Requested

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

### QUALIFICATIONS FOR KIDNEY TRANSPLANT SURGERY

**Criteria:** To be eligible to apply for kidney transplant surgery, the applicant must meet the following criteria:

1. Successful completion of a minimum of a one-year formal transplant fellowship training and one year of experience; **OR**
2. Completion of a formal two-year transplant fellowship at a transplant program that meets United Network of Organ Sharing (UNOS) membership criteria in renal transplantation; **OR**
3. In lieu of one-year formal transplant fellowship training and one year of experience or a two-year formal transplant fellowship, three years of experience with a transplant program that meets the criteria for acceptance into UNOS will suffice; **AND**
4. Surgeon shall have and maintain current certification by the American Board of Surgery, the American Board of Urology, the American Board of Osteopathic Surgery, or the foreign equivalent. If board certification is pending (as in the case of one who has just finished training), conditional approval may be granted for a twelve (12) month period with the possibility of renewal for an additional twelve (12) months period to allow time for the completion of certification.
5. Required current experience: Demonstrated current competence with acceptable results and evidence of the performance of an adequate number of kidney transplants in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence with acceptable results and evidence of the performance of an adequate number of kidney transplants in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: KIDNEY TRANSPLANT SURGERY

Admit, evaluate, diagnose, consult, and manage patients of all ages with renal dysfunction or end-stage renal disease requiring kidney transplantation including the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy, histologic interpretation of allograft biopsies, interpretation of ancillary tests for renal dysfunction, and long-term patient care.

Requested

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

### QUALIFICATIONS FOR PANCREAS TRANSPLANT SURGERY

**Criteria:** To be eligible to apply for pancreas transplant surgery, the applicant must meet the following criteria:

1. Successful completion of an American Society of Transplant Surgeons (ASTS)-approved transplant fellowship training program and one year of experience; **OR**
2. Completion of a formal two-year transplant fellowship at a transplant program that meets United Network of Organ Sharing (UNOS) membership criteria in pancreas transplantation; **OR**
3. In lieu of one-year formal transplant fellowship training and one year of experience or a two-year formal transplant fellowship, three years of experience with a transplant program that meets the criteria for acceptance into UNOS will suffice; **AND**
4. Surgeon shall have and maintain current certification by the American Board of Surgery, the American Board of Urology, the American Board of Osteopathic Surgery, or the foreign equivalent. If board certification is pending (as in the case of one who has just finished training), conditional approval may be granted for a twelve (12) month period with the possibility of renewal for an additional twelve (12) months period to allow time for the completion of certification.
5. Required current experience: Demonstrated current competence with acceptable results and evidence of the performance of an adequate number of pancreas transplants in the past twelve (12) months.

**Reappointment Requirements:** Demonstrated current competence with acceptable results and evidence of the performance of an adequate number of pancreas transplants in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: PANCREAS TRANSPLANT SURGERY

Requested

## UNMH UROLOGY CLINICAL PRIVILEGES

NAME: \_\_\_\_\_ EFFECTIVE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

### QUALIFICATIONS FOR USE OF A ROBOTIC-ASSISTED SYSTEM FOR UROLOGICAL PROCEDURES

**Criteria:** To be eligible to apply for use of a robotic-assisted system for urological procedures, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use; **OR**
2. Completion of approved structured training program that included didactic education on the specific technology, animal laboratory training, and the specialty-specific approach to organ systems; **AND**
3. Must hold open/laparoscopic privileges to perform the procedures being requested for use with the robotic system; **AND**
4. Required current experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, or completion of training program within the last twelve (12) months; first ten (10) cases must be proctored in the operating room by a physician holding robotic privileges.

**Reappointment Requirements:** Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

### NON-CORE PRIVILEGES: USE OF A ROBOTIC-ASSISTED SYSTEM FOR UROLOGICAL PROCEDURES

1. Cystectomy
2. Nephrectomy
3. Partial nephrectomy
4. Pelvic lymph node
5. Dissection
6. Prostatectomy
7. Pyeloplasty
8. Ureteral reimplantation
9. Ureterolithotomy
10. Ureteroureterostomy

Requested

**UNMH UROLOGY CLINICAL PRIVILEGES**

**NAME:** \_\_\_\_\_ **EFFECTIVE DATES: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**Acknowledgement of Practitioner**

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. I understand that: a) 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; b) any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Clinical Director/Division Chief Recommendation(s)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/ modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date Signed

**Criteria approved by UNMH Board of Trustees on May 20, 2016**