

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 UROLOGY

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Urology			
Urologic diagnostic procedures			
Surgery for Benign Urologic Disease			
Surgery of Urologic Malignancies			
Urologic trauma surgery and reconstructive surgery			
Incontinent bowel diversion			
Endoscopic surgery			
Transurethral Bladder Surgery			
Transurethral Prostate Surgery			
Ureteroscopic Procedures			
Percutaneous renal surgery			
Vasectomy			
Extracorporeal Shock Wave Lithotripsy			
Laser Surgery			
Surgery for Impotence/Penile prostheses			
Surgery for female/male incontinence			
NON CORE PRIVILEGES:			
Surgery of congenital urologic abnormalities			
Microsurgery for infertility			
Continent Bowel Diversion			
Laparoscopic surgery			
Prostate Seed Implant			
Cryotherapy of Prostate			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. **(Non-Electronic)** If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature Date