



Providence Hospital
of North Houston

Providence Hospital of North Houston, PLLC

16750 Red Oak Drive.
Houston Texas 77090

Print Name

Date

Privilege Request Form – Gynecology

SECTION I – GENERAL REQUIREMENTS GYNECOLOGY

Requested Staff Category

_____ Active _____ Courtesy _____ Consulting _____ Affiliate

Basic Education: MD or DO

INITIAL APPOINTMENT

Minimal formal training and experience:

- Successful completion of an ACGME–accredited residency in gynecology or fellowship training program or an AOA-approved training program in gynecology.
- The number of cases performed in the last 12 months for each procedure requested along with the documentation of proficiency must be sufficient to validate competence. An applicant who has just completed a residency shall provide his/her residency log. Additional documentation and monitoring may be required at the discretion of the Medical Director or the Chief of Staff. Some procedures may require additional documentation of training and experience which is acceptable to the Medical Director such as Proctoring Reports, Operative Reports and Discharge Summaries for other institutions, written communication of documents from the Chairperson of the designee of an approved academic training program, approved continuing medical education course, or clinical department from another institution attesting to completion of a specified course of training, and/or the number of the specified successful procedures performed, and/or the applicants known ability to perform a specific procedure for which the applicant has previously been formally trained to carry out in an approved program.
- Member in good standing of an accredited acute care hospital and/or ambulatory surgery center, with the same or similar unrestricted privileges.
- Evidence of Certification by the American Board of Gynecology, or American Osteopathic Board of Gynecology is preferred.
- Interview by the Medical Director and/or Chief of Staff when requested.



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REAPPOINTMENT MAINTENANCE OF PRIVILEGE

- Demonstrated evidence of clinical activity from relevant professional practice evaluation during the past 24 months without significant quality variations, OR
- Peer recommendations when performance data is insufficient at the time of reappraisal; and
- Ongoing maintenance of continuing medical education as it pertains to scope of license and specialty.

SECTION II – PRIVILEGES REQUESTED

Core Privileges	Requested	Granted	Denied
Admit Patients			
Perform History & Physical			
Provide consultation to determine need for surgical intervention			
Medical management of post-surgical patients using prudent and good medical judgment for appropriate consultation			
Evaluation and diagnosis of medical conditions to determine need for surgical intervention with regard to appropriate consultation when prudence and good medical care so requires.			

Surgical Procedures	# Procedures in last 12 months	Requested	Granted	Granted w conditions	Denied
Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy					
A & P colporrhaphy					
Bartholin gland, excision or marsupialization					
Cerclage					



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Surgical Procedures	# Procedures in last 12 months	Requested	Granted	Granted w conditions	Denied
Cervical biopsy or conization of cervix in pregnancy					
Colpocleisis					
Colpoplasty					
Colposcopy					
Cystoscopy as part of a gynecological procedure					
D & C - diagnostic					
D & C - therapeutic					
Diagnosis and management of pelvic floor dysfunction, including operations for its correction (e.g., repair of rectocele, enterocele, cystocele, or pelvic prolapse)					
Endometrial ablation -electrosurgical*					
Hymenotomy					
Hysterectomy, abdominal and vaginal, including laparoscopically assisted					
Hysterosalpingography					
Hysteroscopy* diagnostics or ablative, excluding the use of the resection technique					
Incision and drainage of pelvic abscesses					
Interpret x-rays					
Cervical conization					
Laser - lower genital*					
Laser - intra-abdominal*					



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Surgical Procedures	# Procedures in last 12 months	Requested	Granted	Granted w conditions	Denied
Laser laparoscopy*					
Laparoscopy - pelviscopy					
Laparoscopy - diagnostic					
Laparoscopy – operative (other than tubal sterilization)					
Laparoscopy - tubal ligation					
Laparotomy - limited/mini					
Myomectomy, abdominal					
Operation for uterine bleeding (abnormal and dysfunctional)					
Operations for sterilization (tubal ligation, transcervical sterilization [determine whether core or non-core])					
Operative management of pelvic pain					
Perineoplasty					
Polypectomy					
Repair surgical rent - bladder, bowel					
Uterosacral vaginal vault fixation, paravaginal repair					
Utrovaginal, vesicovaginal, rectovaginal, and other fistula repair					
Vulvar or labial biopsy					
Vulvectomy, simple					
Other (Please specify)					

If you anticipate administering your own anesthesia, please complete the Moderate Sedation Privilege Request Form

I have been approved for these procedures at the following hospitals/ambulatory surgery centers:



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SECTION III - ACKNOWLEDGE OF PRACTITIONER:

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Hospital. I hereby attest that the references, reports, records and information are available that verify my qualifications and competency to practice as requested.

I understand that:

1. In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. 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.
3. The use of any other new, untried, or unproven procedure/treatment modality/instrumentation maybe performed or used, only after the regular credentialing process has been completed and the privilege to perform or use said procedure/treatment modality/instrumentation has been granted to the individual practitioner

PHYSICIAN SIGNATURE

DATE



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SECTION IV – RECOMMENDATIONS AND APPROVALS

Recommendation of the Medical Director:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Recommend of all requested privileges

_____ Recommend of the following privileges with conditions:

_____ Denial of the following privileges:

Medical Director

Date

Recommendation of the Medical Executive Committee:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Recommend of all requested privileges

_____ Recommend of the following privileges with conditions:

_____ Denial of the following privileges:



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Chief of Staff

Date

Decision of the Governing Board:

The Governing Board has reviewed the above recommendations regarding the requested clinical privileges and supporting documentation for the above named applicant and has:

_____ Approve all requested privileges

_____ Approve the following privileges with conditions:

_____ Denied the following privileges:

Chairman of the Board

Date