

EVALUATION OF CLINICAL PRIVILEGES - UROLOGY
 For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
UROLOGICAL CANCER SURGERY				
	a. Radical/Partial Nephrectomy			
	b. Radical Cystectomy			
	c. Radical/Simple Prostatectomy			
	d. Radical Orchiectomy			
	e. Exenterative Procedures			
	f. Ileal Conduit			
	g. Continent Diversion			
	h. Ultrasound-guided Prostate Biopsy			
INFERTILITY SURGERY				
	a. Vasectomy			
	b. Vasovasectomy			
	c. Vasoepididymostomy <i>(microscopic approach)</i>			
	d. Varicocelectomy			
LAPAROSCOPIC SURGERY				
	a. Pelvic Lymphadenectomy			
	b. Varicocelectomy			
	c. Nephrectomy			
	d. Diagnostic Laparoscopy			
STONE SURGERY				
	a. Uretero-Pyeloscopy			
	b. Open Lithotomy			
	c. Extracorporeal Shock Wave Lithotripsy			
ENDOSCOPIC SURGERY				
	a. Transurethral Resection of the Prostate			
	b. Transurethral Resection of the Bladder			
	c. Endoscopic Surgery of the Urethra			
	d. Cystoscopy			
	e. Percutaneous Endoscopic Surgery			

CODE	SURGERY FOR IMPOTENCE	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Placement of Penile Prosthesis			
	b. Penile Orthoplasty			
	FEMALE UROLOGY			
	a. Bladder Neck Suspension			
	b. Bladder Sling			
	c. Major Reconstruction			
	PEDIATRIC UROLOGY			
	a. Hypospadias Repair			
	b. Orchiopexy			
	c. Reconstructive Procedures of Genitalia, Bladder, Ureter, Kidney			
	d. Surgery for Congenital Anomalies			
	RECONSTRUCTIVE SURGERY			
	a. Placement of Artificial Urinary Sphincter			
	b. Male Sling Surgery			
	c. Open Urethroplasty			
	d. Pyeloplasty			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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