MILLARD FILLMORE SURGERY CENTER, LLC

Name _____ **Date** _____

DELINEATION OF PRIVILEGES GYNECOLOGY

Credentialing period effective for 2 years

LEVEL I (CORE) GYNECOLOGY PRIVILEGES *Applicants for Level I privileges have successfully completed residency training in an ABOG approved obstetrics and gynecology residency program. The following procedures are included at this level.*
Administration of local anesthesia
Breast Biopsy
Cervical Biopsy/Polypectomy
Cervical Cone Biopsy
Cervical Conization (CO2 laser ablation and cone biopsy)
Colposcopy
Diagnostic Laparoscopy (open or closed)
Dilatation and Curettage (D&C)
Exam under Anesthesia (EUA)
Excision of Bartholin Cyst
Excision of Vaginal Cyst/Tumor
Fallopian Tube Ligation by Laparoscopy
Fulguration Condylomata
History and Physical
Hymenotomy, Hymenectomy
Hysteroscopy-Minor Asherman's Syndrome

LEVEL I (CORE) GYNECOLOGY PRIVILEGES (CON'T)
Hysterscopy – Removal of Simple Polyps
Hysterscopy – Removal of IUD
I&D of Abcess (site specific)
Laparoscopic Bilateral Tubal Occlusion
Laser of Lower Genital Tract (site specific)
LEEP Procedure
Mini Laparotomy (Sterilization Only)
Missed Abortion ≤ weeks by suction
Operative Laparoscopy
Perineoplasty
Soft Tissue/Skin Excisional & Incisional Biopsy
Spontaneous Abortion
Trachelectomy/Cervicectomy
Vulvar or Vaginal Biopsy

LEVEL I (CORE) GYNECOLOGY PRIVILEGES	**PHYSICIAN REQUEST**		**Granted**	**Not Granted***	**With Following Requirements** (Provide Details)**

LEVEL II GYNECOLOGY PRIVILEGES

**** Requires evidence of satisfactory training***

***** Requires a prerequisite of hysteroscopy privileges and evidence of satisfactory training in operative hysteroscopy***

LEVEL II GYNECOLOGY PRIVILEGES	**PHYSICIAN REQUEST**		**Granted**	**Not Granted***	**With Following Requirements** (Provide Details)**
Operative Hysteroscopy Surgical Privileges ***-Requires completion of an approved didactic program experience usually obtained by a course in Operative Hysteroscopy approved for AMA Category 1 credits or ACOG Cognates for each procedure requested or*** ***Documentation of training in Operative Hysteroscopy in an accredited residency program for each procedure requested and include date and name of institution where training was completed*** ***-Have you been supervised by a member of any Gynecologic Endoscopic Surgery Committee in the performance of at least five (5) cases specific for each procedure you are requesting? YES _____ NO _____*** ***- IF YES, ATTACH A LIST, including patient name, procedure, and supervisor , as well as, a signed statement from the preceptor indicating that you have participated in the specified number of cases and are ready to perform the requested procedure independently.*** ***"Grandfathering" will be considered for current attending based on a recent case list.***					
**Operative hysteroscopy					
Endometrial Ablation by Electrocautery					
Major Asherman's Syndrome					
LEVEL II GYNECOLOGY PRIVILEGES CON'T	**PHYSICIAN REQUEST**		**Granted**	**Not Granted***	**With Following Requirements** (Provide Details)**

Removal of Fibroid/Polyp					
Resection of Submucous Fibroid					
Thermal Balloon Ablation					
Microtubal Anastomosis					

KEY ***NOT GRANTED DUE TO:** **Provide Details Below**	****WITH FOLLOWING REQUIREMENTS** **Provide Details Below**
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define)

DETAILS:_____

_____

National Practitioner Databank Disclaimer Statement

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.)

_____ /_____ _____ /_____

Signature of Applicant **Date** **Signature of Clinical Chief** **Date**

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS

(ASC-OBGYN Revised-7/14)