EVALUATION OF CLINICAL PRIVILEGES - UROLOGY For use of this form, see AR 40-68; the proponent agency is OTSG.							
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)					
		FROM	TO				
4. DEPARTMENT/SERVICE	5. FACILITY (Name	and Address: City/State/ZIP Code)					

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.

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABL
	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 (microscopic approach)			
	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			
	ENDOCCODIC CURCERY			
	ENDOSCOPIC SURGERY a. Transuretheral Resection of the Prostate			
	b. Transuretheral Resection of the Bladder			
	c. Endoscopic Surgery of the Urethra			
	d. Cystoscopy			
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d. Pyeloplasty SECTION II - COMMENTS (Explain any rating that is "Unacceptable".)		b. Male Sling Surgery					
SECTION II - COMMENTS (Explain any rating that is "Unacceptable".)		c. Open Urethroplasty					
		d. Pyeloplasty					
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