

OBSTETRICS & GYNECOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										<p>LEVEL I OBSTETRICS: Work-up, admission, assessment, history and physical examination, diagnosis, and treatment of female patients with low risk obstetrical conditions. Applicant must obtain consultation for an obstetrical patient with high-risk conditions of pregnancies. Such high-risk conditions include hypertensive disease of pregnancy, severe prematurity, bleeding problems of pregnancy and conditions requiring operative delivery. These privileges include vaginal unassisted deliveries, uncomplicated resuscitation of infant, episiotomy and repair of vaginal lacerations and post-partum care of the mother.</p>	
										<p>LEVEL II OBSTETRICS: Work-up, admission, assessment, history and physical examination, consultation, diagnosis, and treatment of female patients in any condition of pregnancy. These privileges include performance of circumcisions, cesarean sections, resuscitation of infants, amniocentesis, ultrasounds, biophysical profiles and all other procedures related to normal and complicated deliveries.</p>	
										<p>GYNECOLOGY: Work-up, admission, assessment, history and physical examination, consultation, diagnosis, performance of any laboratory procedure performed under CLIA 88 rules and regulations as Provider Performed Microscopy or any waived procedure approved by the Laboratory Medical Director designated as Physician Performed Tests, and pre-/intra-/post-operative care necessary to correct or treat female patients with illnesses, injuries, and disorders of the gynecologic system, and non-surgical treatment of illnesses and injuries of the mammary glands and urinary tract. Privileges also include breast aspiration, endocrine testing, hysterectomy, ultrasound, installation of radiopaque material for hysterosalpingogram, diagnostic cystoscopy, diagnostic/operative hysteroscopy and diagnostic/operative laparoscopy..</p>	
										<p>Female Pelvic Medicine & Reconstructive Surgery (Urogynecology): Work-up, admission, assessment, history and physical examination, consultation, diagnosis, and treatment of patients with disorders of the pelvic floor including gynecological, genitourinary and defecatory dysfunctions. These include, but is not limited to nonsurgical and surgical management of gynecologic disease, genitourinary, defecatory, and pelvic floor disorders via abdominal, laparoscopic, robotic, or vaginal routes.</p> <p>Surgical procedures included but not limited to: sacrocolpopexy, vaginal vault suspension, anterior or posterior colporrhaphy, perineorrhaphy, midurethral slings, pubovaginal slings, Burch colposuspension, paravaginal defect repair, urethral bulking, vaginal, perineal and labial reconstruction, urethral reconstruction, urethral mass excision, ureteral repair and reimplantation, bladder cystotomy and repair, diagnostic and operative cystourethroscopy, placement of ureteral catheters and stents, retrograde pyelogram, bladder hydrodistention, bladder wall injections and cauterization, anal sphincteroplasty, sacral neuromodulation, posterior tibial nerve stimulation, pelvic nerve blocks, fistula repairs involving the genital, urinary or defecatory system with transposition fat pad grafts, hymenectomy, and vestibulectomy. Pelvic floor disorder repairs may include the use of graft materials. In cases when necessary, the provider may perform appendectomy, incisional or umbilical hernia repair, and emergent repair of surgical defect of bladder, ureter, or bowel. . [++Hospital 6]</p>	

■ Privilege not available in this specialty at this hospital.
 ++ Please refer to this hospital's Bylaws or Rules and Reg regarding specific criteria to be met before this privilege may be granted.
 Edition date – 2/23/18

OBSTETRICS & GYNECOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										GYN ONCOLOGY: Work-up, admission, assessment, history and physical examination, consultation, staging, diagnosis, and treatment of cancer of the female reproductive tract including cancers of the ovaries, fallopian tubes, uterus, cervix, vagina and vulva. Privileges encompass simple and radical pelvic surgery including bowel, bladder, ureters, and lymphatics. Privileges also include chemotherapy and placement of radiation treatment devices. [++Hospitals 6]	
										MATERNAL FETAL MEDICINE: Work-up, admission, assessment, history and physical examination, consultation, diagnosis and treatment of patients with complications of pregnancy, including medical complications of the mother or the fetus, prematurity related issues, multifetal pregnancies, or any other pregnancy complications. These privileges include the performance of procedures such as cesarean section, amniocentesis, chorionic villi sampling, placental biopsy, cordocentesis, advanced ultrasonography, fetal Doppler, fetal echocardiography, and other procedures required in the management of complicated pregnancies. [++Hospital 6]	
										REPRODUCTIVE ENDOCRINOLOGY: Work-up, admission, assessment, history and physical examination, consultation, diagnosis, and treatment of female patients with illnesses, injuries, and disorders of the reproductive system including surgical treatment. These privileges include the performance of procedures such as assisted reproductive technologies (including ovulation induction and intrauterine insemination), as they apply to oviductal and other reproductive surgery, laparoscopy and hysteroscopy for pelvic assessment and the treatment of pelvic pathology, pelvic ultrasound for both diagnostic and therapeutic procedures, and management of anovulation. [++Hospital 6]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	OB & GYN SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training and/or may require additional proof of training or experience.	APPR
										Computer Assisted (Robotic) Surgery [++Hospitals 1, 2, 4, 5, 6, 9, 10]	
										Contravis Microscope [++Hospitals 1, 7]	
										Interstim neuromodulation, electrode and IPG placement [++Hospitals 1, 2, 4, 5, 9, 10]	
										Laser - Argon [++Hospitals 1, 4, 5, 7, 10]	
										Laser - CO ₂ [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	
										Laser - KTP [++Hospitals 1, 4, 5, 7, 10]	
										Laser - nd:YAG [++Hospitals 1, 5, 7]	
										Moderate Sedation [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	
										Radical Hysterectomy [++Hospitals 3, 4, 5, 10]	
										Radical Vulvectomy [Hospitals 3, 4, 5, 10]	
										Second Trimester Abortion by Suction and Curettage and/or D&E (> 15 wks but < 20 wks) [++Hospital 4, 5, 10]	
										Ultrasound, Gynecology [++Hospital 6]	
										Ultrasound, Obstetrics-Comprehensive [++Hospitals 1, 4, 5, 6, 7, 9, 10]	

■ Privilege not available in this specialty at this hospital.
 ++ Please refer to this hospital's Bylaws or Rules and Reg regarding specific criteria to be met before this privilege may be granted.
 Edition date – 2/23/18

OBSTETRICS & GYNECOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

1	2	3	4	5	6	7	8	9	10	OB & GYN SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training and/or may require additional proof of training or experience.	APPR
Female Pelvic Medicine & Reconstructive Surgery											
										Sacrocolpopexy with mesh [++Hospital 6]	
										Vaginal vault suspension [++Hospital 6]	
										Anterior or posterior colporrhaphy [++Hospital 6]	
										Perineorrhaphy [++Hospital 6]	
										Midurethral slings [++Hospital 6]	
										Urethral bulking [++Hospital 6]	
										Labioplasty [++Hospital 6]	
										Diagnostic cystourethroscopy [++Hospital 6]	
GYNECOLOGIC ONCOLOGY SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.											
										Breast Surgery with or without axillary lymph node dissection [++Hospitals 6]	
										Cervical (neck) and supra-clavicular node biopsies and excision [++Hospitals 4, 5, 6, 10]	
										Pelvic reconstruction surgery involving myocutaneous grafts from sites other than the vulva or pelvis [++Hospitals 4, 5, 6, 10]	
										Therapeutic Cystoscopy in association with evaluation and management for gynecologic malignancies [++Hospitals 2, 4, 5, 6, 10]	
REPRODUCTIVE ENDOCRINOLOGY SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.											
										Microsurgical Tubal Reconstruction [++Hospitals 1, 6, 9]	
										IVF Related Techniques [++Hospitals 1, 9]	
										Gamete Intra-Fallopian Transfer (GIFT) [++Hospital 1, 5, 9]	
										Zygote Intra-Fallopian Transfer (ZIFT) [++Hospitals 1, 9]	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each Hospital's Medical Staff policies, rules and regulations, and (b) 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 each hospital's Medical Staff Bylaws.

Applicant Signature: _____ Date: _____

■ Privilege not available in this specialty at this hospital.
 ++ Please refer to this hospital's Bylaws or Rules and Reg regarding specific criteria to be met before this privilege may be granted.
 Edition date – 2/23/18