

<b>DELINEATION OF PRIVILEGES</b> For use of this form see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R must be completed and attached to this form)		1. Specialty: Alcohol & Rehabilitation Specialist				
2. Requested by		3. Date				
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEFS				
<b>Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.</b>		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT AP-PROVED	NOT APPD LACK OF MTF/MSN SUPPORT
<b>Privileges (Please Initial)</b>						
	<b>Category I</b> Practitioner has a Master's Degree or two full years of postgraduate study in counseling psychology or directly related field; a minimum of two years supervised clinical experience in an alcohol and drug setting with adults and adolescents; and a minimum of two years professional experience, within the last two years, in operating a substance abuse program for adults. Is professionally certified by DoD as a substance abuse clinical director. Possesses a high level of skill in areas of psychosocial and substance abuse assessment, intervention, and administration. Directs the clinical, supervisory, and professional development aspects of the nonresidential Alcohol & Drug Rehabilitation Program.					
	<b>Category II</b> Practitioner has a Master's degree or two full years of postgraduate study in counseling psychology or directly related field; a minimum of two years supervised clinical experience in an alcohol and drug setting with adults and adolescents; a minimum of one year's equivalent experience, within the last two years, in operating a substance abuse rehabilitation program treating adults as a substance abuse counselor. Possesses skill in areas of abuse assessment, intervention, and administration. Functions as clinical supervisory practitioner for category III.					
	<b>Category III</b> a. Practitioner has a Master's Degree in the behavioral sciences and a minimum of two years supervised clinical experience within the last two years in an alcohol and drug setting with adults. Is professionally certified by DoD as a substance abuse counselor. May function as a team leader for practitioners in b below.  b. Practitioner has a Bachelor's Degree in the behavioral sciences and a minimum of five years supervised clinical experience in an alcohol and drug setting. Is professionally certified by DoD as a substance abuse counselor.					
	1. Assessment/Treatment Planning					
	a. Psychosocial Assessment					
	b. Substance Abuse Assessment					
	c. Adult Assessment					
	d. Adolescent Assessment					
	e. Family Assessment					
	f. Inpatient Treatment Planning					
	g. Outpatient Treatment Planning					
	2. Rehabilitation/Treatment					
	a. Inpatient Therapy					
	b. Outpatient Therapy					
	c. Adult Therapy					
	d. Adolescent Therapy					
	e. Family Therapy					
	f. Marital Therapy					
	g. Individual Therapy					
	h. Group Therapy					
	i. Crisis Intervention					
	3. Consultation					
	a. Command					
	b. Medical/Allied Health Activities					
	c. Community Organizations					
	d. School					
	e. Special Procedures					
	f. Resource/Referral Planning					
	g. Motivational/Education Training					
	h. Alcohol/Drug Awareness Education					









<b>DELINEATION OF PRIVILEGES</b> For use of this form see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R must be completed and attached to this form)		1. Specialty: Dermatology				
2. Requested by		3. Date				
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<b>Privileges (Please Initial)</b>						
	PART I					
	1. History & physical examination.					
	2. KOH preparation & Interpretation.					
	3. Oil preparation of scabies.					
	4. Tzank preparation for herpes					
	5. Local anesthesia					
	6. Punch biopsy					
	7. Shave biopsy					
	8. Cryotherapy for benign keratoses & warts					
	9. Topical & parental drug therapy					
	10. I&D					
	PART II					
	1. Fungal culture & identification					
	2. Dark field examination					
	3. Local anesthesia including regional block					
	4. Incisional & excisional skin biopsy					
	5. Ablative cutaneous surgery – cold knife					
	- electrocoagulation					
	- electrodesiccation					
	- epilation					
	6. Cryosurgery – benign & malignant lesions					
	7. Salabrasion					
	8. Chemotherapy – cytostatic/cytotoxic agents					
	- topical					
	- injectable – local lesion treatment					
	- systemic					
	- immunosuppressive agents					
	9. Phototherapy – UVB					
	- UVA					
	- Psoralen + UVA					
	10. Patch testing					
	11. Photopatch testing					
	12. Electrolysis					
	13. Dermabrasion – localized					
	- full face					
	14. Grenz Ray therapy					
	15. Chemical peels – acid peels					
	- Phenol peels					
	- other					
	16. Hair transplantation					
	17. Laser therapy/surgery (Type: )					
	18. Wedge excision lip					
	19. Nail matrix surgery					
	20. Grafts – punch					
	- split thickness					
	- full thickness					
	21. Lip shave/vermillionectomy					
	22. Blepharoplasty					
	23. Flaps					
	24. Sclerotherapy					
	25. Rhinophymectomy					
	26. Collagen injection					
	27. Interpretation of immunofluorescence, direct & indirect, on skin and mucosa					
	28. Mohs micrographic surgery					

<b>DELINEATION OF PRIVILEGES</b> For use of this form see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R must be completed and attached to this form)		1. Specialty: Dietician				
2. Requested by		3. Date				
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<b>Privileges (Please Initial)</b>						
	<b>Category Level I</b>					
	1. Evaluation					
	a. Classify clinical nutrition category					
	b. Recommend referrals to community support programs					
	c. Evaluate diet orders for appropriateness					
	d. Other (specify):					
	2. Procedures					
	a. Conduct anthropometric measurements					
	b. Conduct bioelectrical impedance					
	c. Conduct glucometer checks for blood glucose					
	d. Other (specify):					
	3. Order					
	a. Diet as per verbal orders from physician					
	b. Order calorie level within diet prescription					
	c. Additional high calorie/protein supplements/snacks					
	d. Weight/height					
	e. Calorie counts					
	f. Laboratory data to evaluate response to nutrition therapy.					
	(1) Albumin					
	(2) Blood Glucose					
	(3) HgAlc					
	(4) Lipid Profile					
	(5) Prealbumin					
	(6) Triglycerides					
	(7) 24 hour BUN					
	(8) Other (specify):					
	g. Glucometer checks for blood glucose					
	h. Vitamin/mineral supplements					
	i. Referral to other HCPs					
	j. Other (specify):					
	4. Medical Nutrition Therapy					
	a. General diets for the life cycle					
	b. Modified consistency diets					
	c. Neonatal nutrition					
	d. Pediatric diets					
	e. Geriatrics diets					
	f. Nutrition support					
	g. Gastrointestinal diets					
	h. Cardiovascular diets					
	i. Renal diets					
	j. Hepatic diets					
	k. Calorie-controlled diets					
	l. Diabetes					
	m. Psychiatric diets					
	n. Test diets					
	o. Other (specify):					
	<b>Category Level II (Requires additional training. Documentation of Proficiency required)</b>					
	1. Order with physician signature					
	a. Tube feedings IAW local policy					
	b. Parenteral formulas IAW local policy					
	c. Transitional feedings					
	2. Teach self-blood glucose monitoring					
	3. Conduct indirect calorimetry					
	4. Other (specify):					



<b>DELINEATION OF PRIVILEGES</b> For use of this form see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R must be completed and attached to this form)		1. Specialty: Occupational Therapy				
2. Requested by		3. Date				
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEFS				
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<b>Privileges (Please Initial)</b>						
	<b>Category Level I</b> Occupational Therapy prevention, maintenance, and restoration programs for all categories of patients – pediatrics, adolescents and geriatrics. Evaluates, develops treatment plans and implements treatment in regard to occupational performance which include motor, cognitive, social and psychological function. Treatment includes individual and group activity, education. Conduct standard evaluation and rehabilitation procedures IAW current Occupational Therapy Standards of Practice. Specific functions include:					
	a. Administer and interpret functional independence measures (FIMs)					
	b. Conduct work capacity evaluation					
	c. Conduct problem identification assessments, design and provide remedial living skills training for psychiatric patients					
	d. Conduct neurorehabilitation sensorimotor treatment procedures					
	e. Provide intervention directed toward developing, improving or restoring daily living skills					
	f. Conduct individual & group behavioral/cognitive treatment					
	g. Establish and/or coordinate work therapy programs to functional performance					
	h. Conduct manual & myoelectric upper extremity prosthetic training					
	i. Design, fabricate and fit temporary orthotic devices					
	j. Conduct ergonomic worksite evaluations					
	k. Apply ergonomic principles to promote health & wellness to improve functional performance					
	l. Use electronic biofeedback (transcutaneous EMG, temperature and galvanic skin resistance) in treatment of neuromuscular and psychological stress disorders					
	m. Conduct wound care, dressing management and suture removal					
	n. Use continuous passive motion devices in treatment of musculo-skeletal disorders					
	o. In the treatment of musculoskeletal disorders, use physical agent modalities to include:					
	(1) Ice, hot packs, paraffin					
	(2) Fluidotherapy					
	(3) Ultrasound and electrical stimulation					
	(4) Phonophoresis and iontophoresis					
	p. Assess, treat, educate and/or consult with the individual family, or other persons or groups to promote health and wellness to improve function					
	q. Conduct assistive technology evaluations and training					
	<b>Category Level II (Assessment)</b> Conduct evaluation and treatment procedures IAW AR 40-48 (Physician Extender Role) or provide specialty treatment area or TOE combat stress role (FM 8-51). Specific functions include:					
	a. Conduct evaluation procedures to diagnose/recommend/provider treatment for minor upper extremity neuromusculoskeletal conditions					
	b. Request routine laboratory, radiological & electrodiagnostic studies of the upper extremity					
	c. Assist in closed reductions of routine fractures of the wrist and hand					
	d. Request temporary profiles not exceeding 30 days					
	e. Apply and remove casts					
	f. Request TAB approved analgesic & non-steroidal anti-inflammatory medications					
	g. Refer to specialty clinics					
	h. Conduct critical incident stress debriefing					
	i. Assist in combat neuropsychiatric triage					
	j. Provide command consultation on the prevention & management of combat stress casualties					





<b>DELINEATION OF PRIVILEGES</b> For use of this form see AR 40-68; the proponent agency is OTSG (DA Form 5440A-R must be completed and attached to this form)		1. Specialty: Orthopaedic Surgery				
2. Requested by		3. Date				
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEFS				
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<b>Privileges (Please Initial)</b>						
	<b>CATEGORY LEVEL I</b> Physicians with these privileges have the highest level of competency within orthopaedics, on a par with that considered for a board eligible/ Board certified orthopaedic surgeon. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the hospital staff whenever needed.					
	<b>Criterion:</b> Successful completion of an approved orthopaedic surgery residency program with board eligibility or board certification from the American Board of Orthopaedic Surgery.					
	Amputations/Disarticulation					
	Upper extremity					
	Lower extremity					
	Arthoplasty					
	Fascial or resection					
	Prosthetic (partial or total)					
	Artery/Vein repairs					
	Arthrodesis					
	Upper extremity					
	Lower extremity					
	Spine					
	Arthroscopy					
	Upper extremity					
	Lower extremity					
	Spine					
	Arthrotomy					
	Upper extremity					
	Lower extremity					
	Spine					
	Biopsy					
	Bone					
	Soft tissue					
	Bone grafts (Harvesting & Application)					
	Epiphysiodesis					
	Fasciotomies					
	Fractures/Dislocations					
	Closed					
	Open					
	Internal fixation					
	External fixation					
	Hand Surgery					
	Minor (fractures, carpal tunnel granglions, trigger finger)					
	Major (tendon grafts, joint implants, tendon transfers & repairs, nerve repairs & grafts)					
	Joint aspiration, injection and arthrography					
	Limb lengthening					
	Major limb salvage with massive Allograft replacement in tumor surgery, benign or Malignant					
	Osteotomies					
	Pedicule grafts					
	Replantation					
	Digits					
	Limbs					
	Scar revisions					
	Skin grafts					
	Spine Surgery					
	Chemonucleolysis					
	Nerve root injections & blocks					
	Facet injections					



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2. Requested by		3. Date				
4. PRIVILEGES		5. RECOMMENDATIONS BY DEPT./SVS CHIEFS				
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<b>Privileges (Please Initial)</b>						
<b>Head and Neck Procedures</b>						
1.	Superficial parotidectomy					
2.	Total parotidectomy, VII					
3.	Parotidectomy with nerve graft					
4.	Submandibular gland excision					
5.	Parapharyngeal space tumor					
6.	Rhinectomy					
7.	Lateral rhineotomy					
8.	Lateral rhineotomy					
9.	Maxillectomy					
10.	Maxillectomy with orbital extenteration					
11.	Excision angiofibroma					
12.	Excision other nasopharyngeal tumor					
13.	Excision tumor ethmoid cribriform plate					
14.	Lip shave					
15.	Wedge resection 1 degree closure					
16.	Excision with flap reconstruction					
17.	Local resection CA of mouth					
18.	Hemiglossectomy					
19.	Composite resection of primary in floor of mouth alveolus, tongue, buccal region, tonsil or any combination					
20.	Mandibular resection (independent procedure)					
21.	Excision pinna					
22.	Temporal bone resection					
23.	I&D neck abscess					
24.	Complete neck dissection, S primary					
25.	Complete neck dissection, C primary					
26.	Modified neck dissection, S primary					
27.	Modified neck dissection, C primary					
28.	Transsternal mediastinal dissection					
29.	Cervical node biopsy					
30.	Scalene node biopsy					
31.	Thyrotomy (Laryngofissure)					
32.	Vertical Hemilaryngectomy					
33.	Supraglottic Laryngectomy					
34.	Total Laryngectomy					
35.	Laryngopharyngectomy					
36.	Surgical speech fistula					
37.	Repair laryngeal fracture					
38.	Section recurrent laryngeal nerve					
39.	Arytenoidectomy, arytenoidpexy					
40.	Thyroid lobectomy					
41.	Subtotal thyroidectomy					
42.	Total thyroidectomy					
43.	Parathyroidectomy					
44.	Pharyngoesophagectomy					
45.	Cervical esophagostomy for feeding					
46.	Tracheotomy					
47.	Tracheal resection with repair					
48.	Major vessel ligation					
49.	Major vessel repair					
50.	Branchial cleft cyst					
51.	Thyroglossal duct cyst					
52.	Dermoid					
53.	Lymphangioma, cystic hygroma					
<b>Otologic Procedures</b>						
1.	Myringotomy and tube					
2.	Typanoplasty I					
3.	Tympanoplasty II-IV (without mastoidectomy)					
4.	Tympanoplasty with mastoidectomy					

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2. Requested by		3. Date				
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<b>Privileges (Please Initial)</b>						
<b>Otologic Procedures (Continue)</b>						
5. Simple mastoidectomy						
6. Modified radical mastoidectomy						
7. Radical mastoidectomy						
8. Ossiculoplasty (independent)						
9. Stapedectomy						
10. Facial nerve decompression						
11. Facial nerve graft, repair, or substitution						
12. Repair fistula (OW, RW)						
13. Labyrinthectomy						
14. Decompression membranous labyrinth						
15. Cochleosacculotomy						
16. Endolymphatic sac operation						
17. Resection cerebellopontine angle tumor						
18. VIII nerve section (Translabyrinthine, retrolabyrinthine, mid fossa)						
19. Excision glomus tumor						
20. Reconstruction congenital aural atresia						
<b>Plastic and Reconstructive</b>						
1. Reconstruction external ear						
2. Otoplasty						
3. Rhinoplasty						
4. Mentoplasty						
5. Rhytidectomy						
6. Blepharoplasty						
7. Repair complex facial lacerations						
<b>Reduction of Facial Fractures</b>						
1. Frontal						
2. Nasal						
3. Maxilla-Le Fort I						
4. Maxilla-Le Fort II						
5. Maxilla-Le Fort III						
6. Malar (zgomatic)						
7. Orbital blowout						
8. Mandibular-closed						
9. Mandibular-open						
10. Laryngoplasty						
11. Tracheoplasty						
<b>Pedical Flap Procedures</b>						
1. Local						
2. Regional						
3. Myocutaneous						
<b>Grafts</b>						
1. Split thickness skin						
2. Full thickness skin						
<b>Microsurgical Free Flap</b>						
1. Composite graft						
2. Dermal-fat-facia						
3. Facial sling procedures						
4. Oroantral fistula repair						
5. Choanal atresia repair						
6. Orthognatic surgery						
7. Cleft lip repair						
8. Cleft palate repair						
9. Pharyngeal flap						
10. T.M.J. Surgery						
11. Excision skin lesions 1 degree close						
12. Scar revision						
13. Other (Specify):						









**DELINEATION OF PRIVILEGES**

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1. Specialty: Urology

2. Requested by

3. Date

4. PRIVILEGES

5. RECOMMENDATIONS BY DEPT./SVS CHIEFS

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APPROVED WITHOUT LIMITATION

APPROVED REQUIRES QUAL. SUPRV.

APPROVED WITH MODIFI-CATIONS

NOT AP-PROVED

NOT APPD LACK OF MTF/MSN SUPPORT

**Privileges (Please Initial)**

**Penis**

- 1. Dorsal slit
- 2. Circumcision
- 3. Clitorectomy
- 4. Excision of tumor or cyst
- 5. Biopsy

**Amputation:**

- 6. Partial
- 7. Complete with perineal urethrostomy

**Inguinal node dissection:**

- 8. Unilateral
- 9. Bilateral
- 10. Construction penis
- 11. Repair (injury)
- 12. Insertion of prosthesis
- 13. Other (Specify):

**Urethra**

- 1. Biopsy

**Meatotomy:**

- 2. Male
- 3. Female
- 4. Excision of caruncle
- 5. Repair (injury), primary
- 6. Drainage of periurethral abscess
- 7. Drainage of urinary extravasation

**Hypospadias repair:**

- 8. Correction of chordee
- 9. Urethral construction
- 10. 1<sup>st</sup> stage
- 11. 2<sup>nd</sup> Stage

**Epispadias repair:**

- 12. Urethral construction
- 13. Repair of epispadias with incontinence
- 14. Closure of fistula

**Excision partial**

- 15. Stricture
- 16. Carcinoma
- 17. Urethrectomy, total
- 18. Diverticulectomy
- 19. Male
- 20. Female
- 21. Urethrolithotomy
- 22. Urethrotomy
- 23. External
- 24. Internal

**Repair, urethral stricture**

- 25. 1<sup>st</sup> stage
- 26. 2<sup>nd</sup> stage
- 27. Repair, urethro-vaginal fistula
- 28. Repair, injured membranous urethra
- 29. Perineal, primary
- 30. Suprapubic, primary
- 31. Secondary plastic repair
- 32. Excision urethral valves (female)
- 33. Endoscopic
- 34. Other (Specify):

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**Privileges (Please Initial)**

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<b>Prostate</b>						
	1. Biopsy					
	2. Needle					
	3. Open					
	4. Incision and drainage of abscess					
	5. Endoscopic					
	6. Perineal					
	7. Repair of recto-urthral fistula					
<b>Prostatolithotomy:</b>						
	8. Perineal					
	9. Suprapubic					
	10. Prostatectomy					
	11. Transurethral					
	12. Cryosurgical					
	13. Suprapubic					
	a. Simple					
	b. Radical					
	14. Perineal					
	a. Simple					
	b. Radical					
	15. Parascral					
	a. Simple					
	b. Radical					
	16. Other (Specify):					
<b>Bladder</b>						
	1. Cystostomy					
	2. Punch					
	3. Open					
	4. Cystolithotomy					
	5. Litholapxy					
	6. Repair of rupture					
<b>Cystostomy for tumor :</b>						
	7. Excision					
	8. Electrocaulation					
	9. Insertion of radio-active substance					
	10. Bladder tumor					
	11. Biopsy, endoscopic					
<b>Cystectomy:</b>						
	12. Partial, simple					
	13. with ureteronecocystostomy					
	14. Complete					
	15. Simple with cutaneour					
<b>Ureterostomy:</b>						
	16. Ileal conduit					
	17. Ureterosigmoidostomy					
	18. Bladder substitution					
	19. Rectal					
	20. Radical with					
	a. Cutaneour ureterostomy					
	b. Ileal conduit					
	c. Ureterosigmoidostomy					
	d. Rectal bladder					
	21. Diverticulectomy					
<b>Cystoplasty:</b>						
	22. Ileum					
	23. Sigmoid					
	24. Cecum					
	25. Vesicostomy					

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**Privileges (Please Initial)**

**Cystoplasty (continue):**

- 26. Repair of exstrophy
- 27. Repair of fistula
- 28. Vesico-cutaneous
- 29. Vesico-vaginal
- 30. Vesico-sigmoid
- 31. Vesico-rectal
- 32. Vesico-vaginorectal
- 33. Relief of bladder neck obsrt.
- 34. Endoscopic resection
- 35. Open
  - a. Excision bar
  - b. Revision

**Operations for incontinence:**

- 36. Stress, female
- 37. Abdominal approach
- 38. Vaginal approach
- 39. Operations for total incontinence, stress, female
- 40. Vesical neck plasty with ureteroneocystostomy
- 41. Operations for incontinence
- 42. Stress, male
- 43. Prothesis
- 44. Other (specify):

**Ureter**

- 1. Biopsy
  - a. Endoscopic
  - b. Open
- 2. Repair ureterocele
  - a. Meatotomy, endoscopic
  - b. Open repair with ureteroneocystostomy
  - c. Manipulation for stone
  - d. Ureterolithotomy
- 3. Ureteral repair
  - a. Lysis
  - b. Excision of ovarian vein
  - c. Rectocaval ureter
- 4. Ureteroneocystostomy
  - a. Simple
  - b. With plastic narrowing
  - c. Excision and anastomosis
  - d. Uretero-ureterostomy
  - e. Ipsilateral
  - f. Contralateral
  - g. Uretero-calyceal anastomosis
- 5. Closure of fistula
  - a. Uretero-vaginal
  - b. Uretero-intestinal
  - c. Other (Specify):
- 6. Ureterectomy
  - a. Partial
  - b. Complete
  - c. In situ
  - d. Cutaneous
- 7. Uretero-enterostomy (alone):
  - a. Sigmoid
  - b. Ileal conduit
  - c. Colon conduit
  - d. Rectal bladder with sigmoid pull through

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5. RECOMMENDATIONS BY DEPT./SVS CHIEFS

**Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.**

APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI-CATIONS	NOT AP-PROVED	NOT APPD LACK OF MTF/MSN SUPPORT
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**Privileges (Please Initial)**

8. Ureteral substitution

a. Bladder flap

b. Ileum

c. Other (Specify):

**Kidney**

1. Exploration

2. Repair (trauma)

3. Biopsy, open

4. Drainage of abscess

a. Rerirenal

b. Renal

c. Nephrostomy

d. Pyelostomy

e. Pyelolithotomy

f. Nephropexy

g. Denervation of pedicle

5. Closure of fistula

a. Renal

b. Reno-intestinal

c. Nephrolithotomy

d. Simple

e. For stag-horn calculus

6. Nephrectomy

a. Lumbar

b. Transperitoneal

c. Thoraco-abdominal

d. Partial nephrectomy

e. Calycectomy for diverticulum

f. Nephro-ureterectomy

g. Infundibuloplasty

h. Excision or decortication cyst

7. Symphysiotomy (horse shoe kidney)

a. Alone

b. With pyeloplasty

c. Renal vascular operations

8. Reno transplantation

a. Auto

b. Homo

c. Other (Specify):

**Adrenal**

1. Exploration

a. Unilateral

b. Bilateral

c. Excision of cyst

d. Adrenalectomy of partial adrenalectomy

e. Cortical tumor

f. Pheochromocytoma

g. Adrenalectomy, bilateral

h. Other (Specify):

**Scrotal Contents**

1. Excision skin lesion

2. Incision and drainage of abscess

3. Excision lesion of cord

a. Hydrocele

b. Tumor

c. Vas ligation

d. Epididymotomy

e. Epididymectomy

f. Ligation spermatic veins (varicocele)

**DELINEATION OF PRIVILEGES**

For use of this form see AR 40-68; the proponent agency is OTSG  
(DA Form 5440A-R must be completed and attached to this form)

1. Specialty: Urology

2. Requested by

3. Date

4. PRIVILEGES

5. RECOMMENDATIONS BY DEPT./SVS CHIEFS

Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.

APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT AP-PROVED	NOT APPD LACK OF MTF/MSN SUPPORT
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Privileges (Please Initial)

**Scrotal Contents (continue)**

- g. Vasovasostomy
- h. Epididymo-vasostomy
- i. Hydrocelectomy (tunica vaginalis)
- j. Spermatocelectomy
- k. Reduction, torsion testicle
- l. Excision, hydatid, torsion
- m. Excision, lesion of tunica vaginalis
- n. Excision, lesion of testis
- o. Orchiectomy, unilateral
  - (1) Bilateral
  - (2) Including cord
  - (3) With retroperitoneal node dissection
- p. Orchiotomy
- q. Repair to testis (injury)
- r. Testis biopsy
- s. Other (Specify):

**Miscellaneous**

- 1. Hernial repair, inguinal
- 2. Hernial repair, lumbar
- 3. Hernial repair, ventral
- 4. Exploratory laparotomy
- 5. Pelvic exenteration
- 6. Biopsy of retroperitoneal tumor
- 7. Excision of retroperitoneal tumor
- 8. Retroperitoneal node dissection
- 9. Colostomy
- 10. Closure of colostomy
- 11. Closure of evisceration
- 12. Secondary operation
  - a. For bleeding
  - b. For urinary extravasation
  - c. For Other (Specify):
- 13. Dialysis
  - a. Peritoneal
  - b. Extracorporeal
  - c. Establishment of arteriovenous shunt
  - d. Placement of interstitial radiation
  - e. Regional perfusion, chemotherapeutic
  - f. Other (Specify):

**Diagnostic Procedures**

- 1. Cystoscopy and/or pandendoscopy, diagnostic
- 2. Ureteral catheterization
  - a. With pyelogram
  - b. With differential function
  - c. Pyelogram, intravenous
  - d. Pyelogram, percutaneous
  - e. Nephrostogram
  - f. Nephrotomogram
  - g. Ileal pyelogram
  - h. Cine pyelour renogram
  - i. Urethrogram, retrograde
  - j. Radioactive renogram
  - k. Renal scan
  - l. Cystogram
- 3. Cystourethrogram
  - a. Voiding
  - b. With Cine
  - c. Seminal vesiculogram

**DELINEATION OF PRIVILEGES**

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1. Specialty: Urology

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4. PRIVILEGES

5. RECOMMENDATIONS BY DEPT./SVS CHIEFS

**Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.**

APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED	NOT APPD LACK OF MTF/MSN SUPPORT
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**Privileges (Please Initial)**

**4. Angiogram**

- a. Aortogram, translumbar
- b. Renal angiogram, transfemoral
- c. Renal angiogram, transcephalic
- d. Cavagram
- e. Lymphangiogram
- f. Retroperitoneal pneumogram

**Other procedures not specifically listed for which you desire clinical privileges**

- 1. Other (Specify):
- 2. Laparoscopy
- 3. Diagnostic
- 4. Advanced laparoscopic procedures