

Al-Kindi Hospital  
Amman - Jordan



مستشفى الكندي  
عمان - الأردن

## Privileges in Urology Service

Physician name: .....

**Education/Training** Successful completion of an accredited Residency/Fellowship  
In **Urology** Surgery or equivalent Training.

AND

Current certification or active participation in the examination

Process leading to certification in **Urology** Surgery from any Equivalent training/board.

**Provide care for patients in specific areas of Al Kindi hospital**

**UROLOGY Core Privileges**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Service Chief Rec <input type="checkbox"/>
	<b>Privileges included in the Core:</b>	
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to either surgical or medical patients presenting with illness or injury of the genitourinary system.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cystoscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Female incontinence, all categories	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lymphadenectomy, pelvic	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Penile surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Percutaneous renal surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ureteral catheterization; dilation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Vasectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Renal surgery, partial or total nephrectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Scrotal surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Transrectal ultrasound/prostate biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Transurethral prostate surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Transurethral resection, bladder tumor	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ureteroscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Urethroplasty/urethral surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Urinary diversion and restoration	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Biopsies - bladder, genitalia, lymph node, prostate, urethral	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Circumcision	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Visual laser ablation of the prostate	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Partial or total nephrectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Adrenal surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Total penectomy with or without lymph node dissection	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radical prostatectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Retroperitoneal lymphadenectomy for testicular cancer	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	Radical nephrectomy for renal cancer	<input checked="" type="checkbox"/>
<b>Request</b> <input type="checkbox"/>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request</i>	<b>Service Chief Rec</b> <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Kidney transplants	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Laparoscopic Retroperitoneal lymph node dissection (RPLND)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Laparoscopic partial nephrectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radium seed implantation for prostate cancer in conjunction with a radiologist	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cryoablation Procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bladder Stimulation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Stereotactic Radiosurgery Performed in collaboration with Radiation Oncology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Sacral nerve electrode placement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Robotic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Extracorporeal Shock Wave Lithotripsy (ESWL)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Laparoscopic cystectomy	<input checked="" type="checkbox"/>
<b>Additional Privileges:</b>		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

**Physician signature:-**

Approved By:-

Medical director signature: -

Date:-