

**CREDENTIALING AND RE-PRIVILEGING COMMITTEE  
(CRC) APPLICATION FORM**

**OBSTETRICS AND GYNECOLOGY**

PHYSICIAN'S NAME : \_\_\_\_\_

DEPARTMENT :           **OB / GYNE**

DIVISION (IF ANY) : \_\_\_\_\_

SPECIALTY (IF ANY) : \_\_\_\_\_

DATE APPLIED : \_\_\_\_\_

**NOTE:** At the time of a life-threatening clinical emergency, any practitioner may render whatever care he/she believes to be indicated regardless of the extent of his/her granted privileges, if expertise not available.

PLEASE FILL OUT THESE FORMS INDICATING THE PROCEDURES THAT YOU BELIEVE YOU CAN PERFORM AS PART OF YOUR DUTIES TO BECOME A MEMBER OF THE MEDICAL STAFF IN TAWAM HOSPITAL.

**Note:** (DO NOT MARK AN "X" IN MORE THAN ONE COLUMN FOR EACH PROCEDURE INDICATED)

PROCEDURES	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
GYNECOLOGY:				
Hymenotomy				
Incision and drainage of vulvar abscess				
Marsupialization of Bartholin's cyst				
Vulvar biopsy				
Surgical excision of condylomata				
Simple vulvectomy				
Radical vulvectomy				
Repair of perineal/vulvar/vaginal injury				
Surgical revision of infibulation				
Vaginoscopy (premenarchal)				
Culdotomy				
Incision and drainage vaginal abscess or hematoma				
Incision biopsy of vagina				
Excision of vaginal cyst				
Excision of longitudinal vaginal septum				
Excision and repair of transverse vaginal septum				
Anterior vaginal repair				
Posterior vaginal repair				
Enterocoele repair				
Repair of vault prolapse (vaginal approach)				
Anal sphincter repair				
Abdominal vaginal sacropexy				
Perineorrhaphy				
Colpocleisis (Le Fort procedure)				

PROCEDURE	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
McIndoe procedure				
Repair of vesico-vaginal fistula				
Repair of recto-vaginal fistula				
Burch retropubic urethropexy				
Repeat incontinence procedure				
Retropubic urethropexy vaginal approach				
Retropubic urethropexy with sling				
Retropubic urethropexy via laparoscopy				
Insertion of IUCD				
Colposcopy				
Cervical biopsy				
Loop diathermy				
Cervical cryotherapy				
Cone biopsy				
Cervical amputation				
Removal of cervical stump				
Vaginal Myomectomy				
Cervical polypectomy				
Diagnostic hysteroscopy				
Endometrial biopsy				
Paracervical block				
Endometrial ablation (balloon)				
Endometrial ablation (hysteroscopic electrocautery)				
Vulvovaginoplasty				
Surgical correction of ambiguous genitalia				
Diagnostic D & C				

PROCEDURE	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
D & C for retained products of conception				
D & C for missed abortion, fetus $\leq$ 12 weeks				
D & C for missed abortion, fetus > 12 weeks size				
D & C for mole				
Hysterotomy				
Abdominal Myomectomy				
Laparoscopic Myomectomy				
Abdominal hysterectomy (with/without BSO)				
Laparoscopic hysterectomy				
Radical hysterectomy (with pelvic node dissection)				
Omentectomy				
Para-aortic node dissection				
Uterine suspension				
Hysteroplasty (Strassnan procedure)				
Hysteroscopic removal of uterine septum				
Presacral neurectomy				
Laparoscopic presacral neurectomy				
Laparoscopic removal of ectopic pregnancy				
Ectopic pregnancy via laparotomy				
Salpingectomy/salpingo-oophorectomy				

PROCEDURE	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
Laparoscopic salpingectomy/salpingo-oophorectomy				
Tubal ligation				
Laparoscopic tubal ligation				
Microscopic repair of fallopian tubes				
Adhesiolysis				
Laparoscopic adhesiolysis				
Cauterization of endometriosis				
Laparoscopic cauterization of endometriosis				
Management of ovulation induction for IVF				
Ovarian biopsy/drilling				
Laparoscopic ovarian biopsy/drilling				
Oophorectomy				
Laparoscopic oophorectomy				
Ovarian cystectomy				
Laparoscopic ovarian cystectomy				
2 <sup>nd</sup> Look laparotomy				
Ovarian debulking laparotomy				
Paracentesis				
Ultrasound-guided cyst aspiration				
Vaginal/ultrasonograph egg retrieval				
Embryo replacement				

PROCEDURE	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
<b>OBSTETRICS:</b>				
Vaginal delivery				
Outlet forceps delivery				
Mid-forceps delivery				
Rotation forceps delivery				
Vacuum delivery				
Breech delivery				
Vaginal Delivery of twins				
Vaginal Delivery of triplets				
Cesarean section				
Cesarean hysterectomy				
Postpartum tubal ligation				
Repair of 1 <sup>o</sup> , 2 <sup>o</sup> . tear				
Repair of episiotomy without extension				
Repair of 3 <sup>o</sup> , 4 <sup>o</sup> tear				
Manual removal of placenta				
Postpartum curettage for hemorrhage				
Repair of cervical laceration				
Pudendal block				

PROCEDURE	ESTIMATE # OF PROCEDURES DONE IN THE PAST 5 YEARS	SOLE MANAGEMENT	ONLY WITH SUPERVISION	ASSIST ONLY
Fetal scalp sampling				
Induction of labour				
Assessment of CTG				
Tocolysis of preterm labour				
Amniocentesis < 24 weeks				
Amniocentesis > 24 weeks				
Chorionic villus sampling				
MacDonald cerclage				
Shirodkar cerclage				
Removal of cerclage				
Manual replacement of inverted uterus				
ECV for breech				
Percutaneous fetal blood sampling				
Percutaneous fetal blood transfusion				
Therapeutic amnio-reduction				
Fine needle fetal aspiration				



Please attach to this form the following document/s:  
Evidence of level of training & expertise attained to carry out the requested procedures.

<b>ADDITIONAL CLINICAL PRIVILEGES</b> (Special Procedures)
(type detailed description) USE SEPARATE SHEET OF PAPER IF REQUIRED & ATTACH TO THIS SHEET

**IF AT ANY STAGE YOU WISH TO PERFORM ANY SURGICAL OR THERAPEUTIC PROCEDURE WHICH IS NOT LISTED IN THIS APPLICATION, YOU MUST REFER IT TO THE CREDENTIALS & APPOINTMENT COMMITTEE.**

## SIGNATURES

MEDICAL STAFF NAME : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HEAD, DIVISION (IF ANY) \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HEAD, DEPARTMENT : \_\_\_\_\_ DATE ; \_\_\_\_\_  
SIGNATURE

CHAIRMAN : \_\_\_\_\_ DATE : \_\_\_\_\_  
CREDENTIALS & APPOINTMENT COMMITTEE SIGNATURE

MEDICAL DIRECTOR : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE

HOSPITAL DIRECTOR/CEO : \_\_\_\_\_ DATE : \_\_\_\_\_  
SIGNATURE