



Extended-Stay Procedure Checklist

This document must be completed and attached to your NHSF Application for Privileges. ONLY check (✓) those procedures for which you are requesting NHSF approval. You must also indicate the number of procedures performed in the past 12 months in all NHSFs and hospitals.

Applicant Last Name: _____
(Please Print)

Given/First Names: _____
(Please Print)

Facility Name: _____

Type/Description of Procedure	ONLY check (✓) those procedures for which you are requesting NHSF approval	You MUST include total number of procedures performed in the <u>past 12 months</u> (all NHSFs and hospitals)
<i>Example: Extended-Stay Procedure</i>	<i>check (✓)</i>	<i># of procedures (e.g. 8)</i>
Ankle arthrotomy and primary arthroplasty (including total joint replacement)		
Below knee amputations		
Hip arthrotomy and primary arthroplasty (including total joint replacement)		
Knee arthrotomy and primary arthroplasty (including total joint replacement)		
Shoulder arthrotomy and primary arthroplasty (including total joint replacement)		
Tibial Osteotomy		
Lumbar posterior spinal fusion – not exceeding two disc-space levels		
Lumbar spinal laminectomy – not exceeding two disc-space levels		
Conversion of partial to total hip arthroplasty		