



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. Please note that only those procedures the facility is approved to perform will be granted.

Applicant Last Name: \_\_\_\_\_

Given/First Names: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Type/Description of Procedure	<b>ONLY</b> check (✓) those procedures for which you are requesting NHSF approval.	You <b>MUST</b> include total number of procedures performed in the <u>past 12 months</u> (all NHSFs and hospitals).
<i>Example: Gynecology Procedure</i>	<i>check (✓)</i>	<i># of procedures (e.g. 8)</i>
<b>Perineoplasty not requiring extensive dissection</b>	<input type="checkbox"/>	
<b>Marsupialization of Bartholin cysts</b>	<input type="checkbox"/>	
<b>Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control</b>	<input type="checkbox"/>	
<b>Dilatation and curettage of uterus</b>	<input type="checkbox"/>	
<b>Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance-regulation</b>	<input type="checkbox"/>	
<b>Cystoscopy</b>	<input type="checkbox"/>	
<b>Minimally invasive incontinence procedures: injectables, percutaneous slings</b>	<input type="checkbox"/>	
<b>Laparoscopy with minor surgical interventions:</b>	<input type="checkbox"/>	
• Diagnostic	<input type="checkbox"/>	
• Tubal sterilization	<input type="checkbox"/>	
• Aspiration of cysts	<input type="checkbox"/>	
• Minor adhesiolysis	<input type="checkbox"/>	
• Diathermy for endometriosis (AFS Stages I and II)	<input type="checkbox"/>	
• Ovarian Biopsy	<input type="checkbox"/>	



<b>Termination of Pregnancy:</b>	<input type="checkbox"/>	
• Methotrexate/Misoprostol in early pregnancy	<input type="checkbox"/>	
• Dilatation and Suction Evacuation up to sixteen (16) weeks / 0 days	<input type="checkbox"/>	
• Dilatation and Evacuation up to twenty (20) weeks/0 days	<input type="checkbox"/>	
<b>Oocyte Retrieval</b>	<input type="checkbox"/>	
<b>Tumescent Anterior and Posterior Vaginal Repair</b>	<input type="checkbox"/>	
<b>Hysteroscopic tubal sterilization (Essure™ system)</b>	<input type="checkbox"/>	
<b>Transvaginal ovarian cyst aspiration</b>	<input type="checkbox"/>	

**Notes:**

1. Procedures that may be performed in an office setting without approval from this College include: fulguration and vaporization of lesions of the genital tract; incision and drainage of minor vulvar and perineal abscesses; LEEP and LLETZ procedures; urodynamic studies; and diagnostic hysteroscopy.