

Non-Hospital Surgical Facility – Application for Privileges Urology 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. 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	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: Urology Procedure</i>	<i>check (✓)</i>	<i># of procedures (e.g. 8)</i>
Inguinal canal surgery	<input type="checkbox"/>	
Open procedures on scrotal contents	<input type="checkbox"/>	
Penile procedures up to the level but not including implants	<input type="checkbox"/>	
Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair	<input type="checkbox"/>	
Minimally invasive incontinence procedures, including injectables and percutaneous slings	<input type="checkbox"/>	
Cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction	<input type="checkbox"/>	
Testis biopsies	<input type="checkbox"/>	
Varicocelectomy	<input type="checkbox"/>	
Vasoepididymostomy	<input type="checkbox"/>	
Vasovasostomy	<input type="checkbox"/>	

Notes:

Procedures that may be performed in an office setting without approval from this College include: bladder catheterization; urodynamic procedures; percutaneous procedures; vasectomies; prostate biopsies; and newborn circumcisions.