

Privileges in Pediatric Transplant Surgery

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
Initial Core Criteria Education/Training	Successful Completion of ACGME Accredited General Surgery Residency or foreign equivalent training <p style="text-align: center;">AND</p> Current certification or active participation in the examination process leading to certification in General Surgery and/or Pediatric Surgery by the American Board of Surgery or foreign equivalent training/board <p style="text-align: center;">AND</p> Documentation or attestation of the management of problems for at least 50 Core inpatients or outpatients as the attending physician (or senior resident) during the past 2 years
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Qualifications

Renewal Criteria Minimum of 25 core cases required during the past two years

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Age Requested:	
	0-5 Years	
	6-12 Years	
	13+ Years	
	Privileges to evaluate, diagnose, consult, perform history and physical exam, and provide general surgical care	
	Ventilator management	
	Surgical procedures in these areas of primary responsibility:	
	Abdomen and its contents	
	Pancreas	
	Care of critically ill children with underlying surgical conditions	
	Vascular access	

FPPE

- Core Patients 0-5 years (Direct Observation)
- Core Patients 6-12 years (Chart Review)
- Core Patients 13+ years (Chart Review)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of patients in outpatient clinics at LucilePackard Children's Hospital (Criteria -Teaching appointment required)	
	Age requested: 0 -5 years	
	Age requested: 6 -12 years	
	Age requested: 13+ years	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) (Criteria -Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required)	
	Age requested: 0 -5 years	
	Age requested: 6 -12 years	

	Age requested: 13+ years	
	Intraoperative ultrasound (Initial Criteria -Documentation of appropriate training (American College of Surgeons course or equivalent) and experience. Renewal Criteria -Minimum 2 cases required in the past two years)	
	Age requested: 0 -5 years	
	Age requested: 6 -12 years	
	Age requested: 13+ years	

FPPE

Intraoperative Ultrasound (Chart Review)

Transplant Surgery

Description: Must also meet Required Qualifications for Core Privileges

Qualifications

Education/Training Successful completion of an ACGME accredited Fellowship in Transplant Surgery or foreign equivalent training

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Multi-organ abdominal transplantation (Initial Criteria - Documentation of appropriate training and experience with verification by the Chief of Transplantation Service. Renewal Criteria - Minimum 4 cases required in the past two years)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Kidney Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children Renewal Criteria - Minimum 1 cases required in the past two years)	
	Age requested: 0-5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Liver Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children. Renewal Criteria - Minimum 1 case required in the past two years)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Pancreas Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children Renewal Criteria - Minimum 1 case required in the past two years)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	
	Intestinal Transplantation Surgery (Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children Renewal Criteria - Minimum 1 case required in the past two years)	
	Age requested: 0 - 5 years	
	Age requested: 6 - 12 years	
	Age requested: 13+ years	

FPPE

Multi-organ abdominal transplantation (Chart Review)

- Multi-organ abdominal transplantation (Direct Observation)
- Kidney Transplantation Surgery (Chart Review)
- Kidney Transplantation Surgery (Direct Observation)
- Liver Transplantation Surgery (Chart Review)
- Liver Transplantation Surgery (Direct Observation)
- Pancreas Transplantation Surgery (Chart Review)
- Pancreas Transplantation Surgery (Direct Observation)
- Intestinal Transplantation Surgery (Chart Review)
- Intestinal Transplantation Surgery (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this _____ Date
privilege request

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date