

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL  
AND OUTPATIENT SURGERY CENTER**

**GYNECOLOGY CLINICAL PRIVILEGES**

**NAME:** \_\_\_\_\_

- Initial appointment**
- Reappointment**

**All new applicants must meet the following requirements as approved by the governing body.**

**Applicant:** Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**QUALIFICATIONS FOR GYNECOLOGY**

To be eligible to apply for privileges in gynecology the initial applicant must meet the following criteria:

Successful completion of ACGME or AOA accredited residency in gynecology.

<b>REQUESTED</b>	<b>PRIVILEGE</b>	<b>APPROVED</b>	<b>DENIED</b>
	Amputation cervix		
	Cauterization cervix		
	Hymenotomy		
	Excision glands (Bartholin's, Skene's)		
	Tubal ligation		
	Closure vesicovaginal fistula		
	Repair incisional hernia		
	Cold conization cervix		
	Dilation and curettage		
	Hysteroscopy		
	Salpingectomy, if Laparoscopic		
	Salpingo-oophorectomy, if Laparoscopic		
	Simple vulvectomy		
	Repair cystocele and /or rectocele, enterocele		
	Laparoscopy and/or sterilization by laparoscope		
	Endometrial Balloon Ablation		
	Removal of implanted birth control device		

**ACKNOWLEDGEMENT OF PRACTITIONER**

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

\_\_\_\_\_  
**Practitioner's Signature**

\_\_\_\_\_  
**Date**