



## APP Urology - Stanford - Tri - Valley

Delineation of Privileges

**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. As the Supervising Physician I have reviewed and agree to the Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found [here](#).

### Required Qualifications

<b>Education/Training</b>	Successful completion of a PA or NP program
<b>Licensure (Initial and Reappointment)</b>	Current Licensure as a PA or RN in the state of CA Current certification as a NP in the state of California
<b>Certification (Initial and Reappointment)</b>	Current Certification as a PA or NP by a nationally accredited organization
<b>Additional Qualifications (Initial and Reappointment)</b>	Current BLS from the American Heart Association
<b>Renewal Criteria</b>	Maintenance of all the above qualifications
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS
<b>Definitions</b>	"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. "Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure. "Direct Supervision" means that the physician or non-physician practitioner must be present on the same

campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or non-physician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or non-physician practitioner does not have to be present in the room when the procedure is performed.

## Patient Population

Request		<i>Request all privileges listed below.</i>
SHC	Tri-Valley	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		<b>Patient Population</b>
		Infant
		Pediatric
		Adolescent
		Adult
		Geriatric
		<b>Setting</b>
		Outpatient
		Inpatient

## Core Privileges - PHYSICIAN ASSISTANT (PA)

Request		<i>Request all privileges listed below.</i>
SHC	Tri-Valley	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		<b>Privileges included in the Core:</b>
		Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty
		Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients
		Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient
		Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products
		Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services
		Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable
		Obtains informed consent, as indicated
		Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork
		Provides and coordinates patient teaching and counseling

	Medications Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]
	Controlled Medications Outpatient Prescription Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]

**Qualifications**

**Renewal Criteria**                      Maintenance of all the above qualifications  
    Minimum of 22 core cases required during the past two years

FPPE - Area is managed by Medical Staff Office. Please make NO selections	
SHC	Tri-Valley
	Core - PHYSICIAN ASSISTANT (PA) - (Chart Review) 3 Cases

**Core Privileges - NURSE PRACTITIONER (NP)**

Request	<i>Request all privileges listed below.</i>
SHC	Tri-Valley
	Click <span style="background-color: #add8e6; padding: 2px;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	<b>General Supervision</b>
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services
	Performs designated procedures according to written standardized procedures where applicable
	Obtains informed consent, as indicated

	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork
	Medications Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]
	Controlled Medications Outpatient Prescription Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]

**Qualifications**

**Renewal Criteria**                      Maintenance of all the above qualifications  
Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

SHC	Tri-Valley	
		Core - NURSE PRACTITIONER (NP) - (Chart Review) 3 Cases

## Standardized Protocols/Standardized Procedures

**Description:** (requires selection of a core professional role above)

Request		Request all privileges listed below.
SHC	Tri-Valley	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		<b>(requires selection of a core professional role above)</b>
		<b>General Supervision</b>
		Medications - Independent Chemotherapy Ordering [CRITERIA - New hire APPs are not eligible for this privilege. In order to apply for this privilege, the APP must complete a minimum of one year of ordering of cancer-directed therapy with co-signature. The one-year supervision requirement may be waived by the attending MD if the APP is experienced in cancer prescribing therapy. The APSHO Cancer Therapy Prescribing Course certificate must be renewed every 3 years only if the APP actively prescribes cancer-directed therapy. As of February 1, 2026, the ONS or ASCO certificate will not be accepted, and ONLY APSHO certificate will be accepted. For APPs providing services primarily at Stanford Children's Health, the Association of Pediatric Hematology/Oncology Nurses (APHON) certification equivalence will be accepted. Renewal Criteria - Minimum 10 cases required during past two years.]
		Administration Of Moderate Sedation [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]
		<b>Personal Supervision</b>
		First Assistant [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]
		Robotics First Assist In The Or Standard (Multi Port) [CRITERIA - Initial - Must meet Core Criteria. Must be approved for FIRST ASSISTANT privilege. Completion of "da Vinci Multi - Port Training Passport Technology Training Pathway: First Assistant" Certificate required - OR - Letter from attending surgeon documenting competency and documentation of a minimum of 24 robotics procedures during the past 2 years. Case log required. Renewal - Minimum 24 procedures required during the past 2 years]

FPPE - Area is managed by Medical Staff Office. Please make NO selections

SHC	Tri-Valley	
		Administration of Moderate Sedation - (Chart Review)
		Administration of Moderate Sedation - (Direct Observation)
		First Assistant - (Chart Review)
		First Assistant - (Direct Observation)
		Robotics First Assist in the OR Standard (Multi Port) - (Chart Review)
		Robotics First Assist in the OR Standard (Multi Port) - (Direct Observation)
		Medications - Independent Chemotherapy Ordering - (Chart Review)

**Division**

<b>Request</b>	<b>Request all privileges listed below.</b>	
SHC	Tri-Valley	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		<b>(Select division which corresponds to your Supervising Physician)</b>
		Urology
		URO-Oncology - APSHO Cancer Therapy Prescribing Course certificate required within one year of hire. The APSHO Cancer Therapy Prescribing Course certificate must be renewed every 3 years only if the APP actively prescribes chemotherapy. As of February 1, 2026, the ONS or ASCO certificate will not be accepted and ONLY APSHO certificate will be accepted.

**Standardized Protocols/Standardized Procedures**

<b>Request</b>	<b>Request all privileges listed below.</b>	
SHC	Tri-Valley	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		<b>(Requires selection of a core professional role above)</b>
		<b>General Supervision</b>
		Bladder Instillation [CRITERIA - Minimum of 6 cases each required]
		Bladder Instillation For Urothelial Carcinoma [CRITERIA - Minimum of 6 cases each required]
		Flexible Cystoscopy - Stent Removal And Catheter Placement [CRITERIA - Minimum of 6 cases required]

	Flexible Diagnostic Cystoscopy [CRITERIA - Minimum of 12 cases required]
	Percutaneous Tibial Nerve Stimulation (PtNs) [CRITERIA - Minimum of 6 cases each required]
	Pessary Fitting/Placement And Removal [CRITERIA - Minimum 6 cases required]
	Robotic First Assist In The Or - Single Port
	Stereotactic Fiducial Marker Placement For Neurosurgery [CRITERIA - Minimum of 6 cases required]
	Trans-Perineal Placement Of Calypso Beacons Or Gold Fiducial Markers Into Prostate Bed Or Gland Under Transrectal Ultrasound Guidance [CRITERIA - Minimum of 12 cases required]
	Transrectal Ultrasound (With Or Without Prostate Biopsy) [CRITERIA - Minimum of 6 cases each required]
	Urodynamic Study (Uds) [CRITERIA - Minimum of 6 cases required]
	<b>Direct Supervision</b>
	Transperineal Biopsy With Transrectal Ultrasound Guidance - [CRITERIA - Minimum 6 cases required]

FPPE - Area is managed by Medical Staff Office. Please make NO selections	
SHC	Tri-Valley
	Bladder Instillation - (Chart Review) 1 Cases
	Bladder Instillation - (Direct Observation) 2 Cases
	Bladder Instillation For Urothelial Carcinoma - (Chart Review) 1 Cases
	Bladder Instillation For Urothelial Carcinoma - (Direct Observation) 2 Cases
	Flexible Cystoscopy - Stent Removal and Catheter Placement - (Chart Review) 3 Cases
	Flexible Cystoscopy - Stent Removal and Catheter Placement - (Direct Observation) 3 Cases
	Flexible Diagnostic Cystoscopy - (Chart Review) 5 Cases
	Flexible Diagnostic Cystoscopy - (Direct Observation) 5 Cases
	Percutaneous Tibial Nerve Stimulation (PTNS) - (Chart Review) 1 Cases
	Percutaneous Tibial Nerve Stimulation (PTNS) - (Direct Observation) 2 Cases
	Pessary Fitting/Placement and removal - (Chart Review) 2 Cases
	Pessary Fitting/Placement and removal - (Direct Observation) 1 Cases
	Robotic First Assist In The OR - Single Port (Chart Review) 3 Cases
	Robotic First Assist In The OR - Single Port (Direct Observation) 3 Cases
	Stereotactic Fiducial Marker - (Chart Review) 2 Cases
	Stereotactic Fiducial Marker - (Direct Observation) 1 Cases
	Transperineal Biopsy with Transrectal Ultrasound Guidance - (Direct Observation) 3 Cases
	Transperineal Biopsy with Transrectal Ultrasound Guidance - (Chart Review) 3 Cases
	Trans-Perineal Placement Of Calypso Beacons Or Gold Fiducial Markers Into Prostate Bed Or Gland Under Transrectal Ultrasound Guidance (Chart Review) 3 Cases
	Trans-Perineal Placement Of Calypso Beacons Or Gold Fiducial Markers Into Prostate Bed Or Gland Under Transrectal Ultrasound Guidance (Direct Observation) 3 Cases
	Transrectal Ultrasound (With Or Without Prostate Biopsy) - (Chart Review) 5 Cases
	Transrectal Ultrasound (With Or Without Prostate Biopsy) - (Direct Observation) 5 Cases
	Urodynamic Study (Uds) - (Chart Review) 3 Cases
	Urodynamic Study (Uds) - (Direct Observation) 3 Cases

**Acknowledgment of Applicant**

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.



I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

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

\_\_\_\_\_  
Date

**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

**Department Chair Recommendation - FPPE Requirements**


\_\_\_\_\_  
Service Chief - By clicking on the 'Submit' button below, I have electronically signed,

\_\_\_\_\_  
Date