CORE SURGICAL PRIVILEGES FORM / OTOLARYNGOLOGY

Applicant's Name: .....

License No. (If Any): ..... Date: D D M M Y Y Y Y

CATEGORY I: OTOLOGY PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Examination of Ear					
a. LA	☐		☐	☐	
b. GA	☐		☐	☐	
2. Myringotomy with or without tubes	☐		☐	☐	
3. Removal of foreign body (aural)	☐		☐	☐	
4. Aural packing	☐		☐	☐	
5. Myringo/Tympanoplasty	☐		☐	☐	

CATEGORY II: RHINOLOGY PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Examination of the nose					
a. LA	☐		☐	☐	
b. GA	☐		☐	☐	
2. Nasal cautery	☐		☐	☐	
3. Submucous diathermy (SMD) of turbinate	☐		☐	☐	
4. Nasal endoscopy	☐		☐	☐	
5. Antrostomy inferior (non-endoscopic)	☐		☐	☐	
6. Turbinectomy	☐		☐	☐	
7. Antral wash	☐		☐	☐	
8. Nasal fracture reduction (anterior and posterior)	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
9. Removal of foreign body	☐		☐	☐	
10. Nasal packing	☐		☐	☐	
11. Septoplasty (no revision septoplasty)	☐		☐	☐	
12. Evacuation of septal hematoma	☐		☐	☐	
13. Sinus endoscopy (rigid + fibro optic)	☐		☐	☐	

CATEGORY III: LARYNX, HEAD AND NECK SURGERIES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Examination of the larynx					
a. LA	☐		☐	☐	
b. GA	☐		☐	☐	
2. I&D Quinsy	☐		☐	☐	
3. Tonsillectomy	☐		☐	☐	
4. Adenoidectomy	☐		☐	☐	
5. Tongue tie release	☐		☐	☐	
6. PNS Examination/Biopsy	☐		☐	☐	
7. Oropharynx examination/biopsy	☐		☐	☐	
8. Fibro optic endoscopy	☐		☐	☐	
9. Rigid endoscopy (all)	☐		☐	☐	
10. Tracheostomy	☐		☐	☐	
11. Ranula excision	☐		☐	☐	

CORE SURGICAL PRIVILEGES FORM / OTOLARYNGOLOGY

CATEGORY IV: AUDIOLOGY PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Full audiological diagnostic procedure including PT audiometric test battery, Tympanometry test battery, Otoacoustic emission testing, speech audiometry, and Behavioral hearing testing including VRA.	☐		☐	☐	
2. Particle reposition maneuver for BPPV	☐		☐	☐	
3. Vestibular rehabilitation exercise	☐		☐	☐	
4. Pure tone audiogram	☐		☐	☐	
5. Speech audiometry	☐		☐	☐	
6. Tympanometry	☐		☐	☐	
7. Acoustic reflex	☐		☐	☐	
8. Otoacoustic emission	☐		☐	☐	
9. Behavioural test	☐		☐	☐	
10. Video nystagmography and caloric testing	☐		☐	☐	
11. Hearing aids assessment and programming	☐		☐	☐	
12. Auditory brain stem evoked response testing (with or without sedation)	☐		☐	☐	
13. Auditory rehabilitation technique	☐		☐	☐	

Note:
You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date: D D M M Y Y Y Y

CORE SURGICAL PRIVILEGES FORM / OTOLARYNGOLOGY

FOR COMMITTEE USE ONLY

Committee Decision:

Evaluation type:

- By Interview ☐ virtual / personal
- By documents only ☐
- Or both ☐

Other comments:

.....

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant, and We have made the above-noted recommendation(s).

Clinical privileging committee members:

.....
Name, Signature & Stamp

Date: DD MM YYYY

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Name, Signature & Stamp

Date: DD MM YYYY

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