Surgical Privileges Form: ORL - HNS Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Applicant's Name: …… Scope of Practice: ……

License No. (If Any): …….. Facility: ……..

Date: …….

Instructions

For applicant:

1. **Please note that you should sign next to each requested privilege.**
2. **Please use this sign (√) for the requested privilege.**
3. **Please leave any procedures you do not want to apply for blank and do not use (X) sign.**
4. **Please do not write additional privilege out of your scope of practice, as it will not be accepted.**
5. **Please do not write anything in the "for committee Use "section.**
6. **For additional privilege, do not choose the already granted privilege.**
7. **Please attach the previous approval of surgical privilege when you apply for additional privilege.**
8. **Please note that you can apply for Appeal within one month of the date of Issuance of the Privilege.**
9. **You can only apply Once for Appeal per a single Privilege Application.**

For committee:

1. **Please note that the final decision must be signed by minimum 2 committee members.**
2. **Please use this sign (√) for recommended and not-recommended privilege.**
3. **Please note that granting privileges under supervision is not permitted. Please do not write "under supervision" note next to any privilege.**
4. **Please specify the reasons for rejection (if applicable); for example (require experience, logbook is insufficient, need additional courses, etc.)**

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CATEGORY I: Otology Procedures

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Pinna-plasty					
2. Myringo/Tympanoplasty					
3. Ossiculoplasty					
4. Stapedectomy					
5. Mastoidectomy:					
a. Canal wall up					
b. Simple					
c. Modified radical					
d. Radical					
6. Mastoid reconstruction					
7. Tympanic neurectomy					
8. Cochlear implantation					
9. Facial nerve exploration					
10. Labyrinthectomies					
11. Surgery for hydrops lymphaticus					
12. Excision of glomus tumor:					
a. Glomus tympanicum					
b. All other types					

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
13. Petrosectomy:					
a. Partial					
b. Total					
14. Middle fossa approach					
15. Posterior fossa approach					
16. Ear canal osteoma excision					
17. Use of laser					
a. CO2 (to assist in otological surgery)					
b. KTP (to assist in otological surgery)					
18. Use of navigation (to assist in ontological surgery)					
19. Radiofrequency assisted operation					
20. Coblation assisted operation					

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CATORGY II: Rhinology Procedures

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Septoplasty					
2. Septal reconstruction					
3. Reconstruction of septal perforation					
4. Caldwell-Luc operation					
5. Maxillary artery ligation					
6. Nasal polypectomy					
7. Rhinoplasty:					
a. External approach					
b. Internal approach					
8. Lateral rhinotomy					
9. Ligation of sphenopalatine artery					
10. FESS					
11. Classical sinus surgical operations:					
a. Intranasal:					
i. maxillary antrectomy & antrostomy					
ii. anterior ethmoidectomy					

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Privileges	For applicant use		For committee use		
	Request	Signature	recommended	Not Recommended	Reason for rejection (if any)
iii. posterior ethmoidectomy					
iv. sphenoidectomy					
b. External:					
i. Ethmoidectomy external					
ii. Frontal trephination					
iii. Frontal ethmoidectomy					
iv. Frontal sinus obliteration					
v. Ligation of anterior ethmoidal cavity					
12. Transposition of the nose					
13. Maxillectomies:					
a. Medial					
b. Total					
14. Osteoplastic flap operations					
15. Rhinoseptoplasty					

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(Advanced Privileges/for Specialty Only)

Privileges	For applicant use		For committee use		
	Request	Signature	recommended	Not Recommended	Reason for rejection (if any)
16. Use of laser:					
a. CO2 (to assist in nasal surgery)					
b. KTP (to assist in nasal surgery)					
17. Use of navigation (to assist in nasal surgery)					

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. Uvulopalatopharyngoplasty					
2. Partial glossectomy					
3. Dohlman's procedure					
4. Various neck flaps					
5. Total laryngectomy					
6. Pharyngolaryngectomy					
7. Partial laryngectomy					

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Privileges	*For applicant use*		*For committee use*		
	Request	***Signature***	***Recommended***	***Not Recommended***	***Reason for rejection (if any)***
8. Voice restoration procedures					
9. Neck dissection					
10. Thyroplasty					
11. Ranula excision					
12. Submandibular gland excision					
13. Superficial parotidectomy					
14. Thyroglossal cyst excision					
15. External carotid artery ligation					
16. Neck lymph node biopsy					
17. Excision of branchial cyst					
18. Laryngo-fissure					
19. Excision of pharyngeal pouch					
20. LAUP					
21. Thyroidectomy (all types)					
22. Aryepiglottoplasty					
23. Use of laser					
a. CO2 (to assist in larynx, head and neck surgery*)*					
b. KTP (to assist in larynx, head and neck surgery*)*					

(Advanced Privileges/for Specialty Only)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
24. Use of navigation (to assist in larynx, head and neck surgery					
25. Vocal folds (cords) injection with various materials (e.g fat, Teflon, etc)					
26. Botilinum toxin injection in the circopharyngeal sphincter					

CATEGORY IV: AUDIOLOGY PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Video nystagmography and caloric testing					
2. Rotatory chair test					
3. Hearing aids assessment and programming					
4. Auditory brain stem evoked response testing (with or without sedation)					
5. Cochlear implant programming procedure					
6. Auditory rehabilitation technique					

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CATEGORY V: Additional Privileges (not included above)

Privileges	*For applicant use*		*For committee use*		
	Request	***Signature***	***Recommended***	***Not Recommended***	***Reason for rejection (if any)***

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Notes:

- If additional privilege(s) are desired, please indicate this in the space provided above.
- You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.
- Granting privileges under supervision is no longer permitted

By signing below, I acknowledge that I have read, understand, and agree to abide by DHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

a) In exercising any clinical privileges granted, I am constrained by DHP's policies and rules applicable generally and any applicable to the particular situation.
b) Any restriction on the clinical privileges granted to me is waived in an emergency situation
and in such situation my actions are governed by the recognized policies and rules.

…….. ……

Applicant's signature (Stamp if any) Date

…….. ……

Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature Date

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For Committee use only

Committee Decision:

Evaluation type:

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

Other comments:

……

Evaluation Committee Chairman:

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

…….. ……

Chairperson's Stamp & signature Date

Other Committee Members:

…….. ……

1) Name Date

…….. ……

2) Name Date