ADVANCED 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. Pinna-plasty	☐		☐	☐	
2. Ossiculoplasty	☐		☐	☐	
3. Stapedectomy	☐		☐	☐	
4. Mastoidectomy:					
a. Canal wall up	☐		☐	☐	
b. Simple	☐		☐	☐	
c. Modified radical	☐		☐	☐	
d. Radical	☐		☐	☐	
5. Mastoid reconstruction	☐		☐	☐	
6. Tympanic neurectomy	☐		☐	☐	
7. Cochlear implantation	☐		☐	☐	
8. Facial nerve exploration	☐		☐	☐	
9. Labyrinthectomies	☐		☐	☐	
10. Surgery for hydrops lymphaticus	☐		☐	☐	
11. Excision of glomus tumor:					
a. Glomus tympanicum	☐		☐	☐	
b. All other types	☐		☐	☐	
12. Petrosectomy:					
a. Partial	☐		☐	☐	
b. Total	☐		☐	☐	
13. Middle fossa approach	☐		☐	☐	
14. Posterior fossa approach	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
15. Ear canal osteoma excision	☐		☐	☐	
16. Use of laser					
a. CO2 (to assist in otological surgery)	☐		☐	☐	
b. KTP (to assist in otological surgery)	☐		☐	☐	
17. Use of navigation (to assist in ontological surgery)	☐		☐	☐	
18. Radiofrequency assisted operation	☐		☐	☐	
19. Coblation assisted operation	☐		☐	☐	

CATEGORY II: RHINOLOGY PROCEDURES

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

ADVANCED SURGICAL PRIVILEGES FORM / OTOLARYNGOLOGY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
ii. Anterior ethmoidectomy	☐		☐	☐	
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	☐		☐	☐	
11. Transposition of the nose	☐		☐	☐	
12. Maxillectomies:					
a. Medial	☐		☐	☐	
b. Total	☐		☐	☐	
13. Osteoplastic flap operations	☐		☐	☐	
14. Rhinoseptoplasty	☐		☐	☐	
15. Use of laser:					
a. CO2 (to assist in nasal surgery)	☐		☐	☐	
b. KTP (to assist in nasal surgery)	☐		☐	☐	
16. 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	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / OTOLARYNGOLOGY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
3. Dohlman's procedure	☐		☐	☐	
4. Various neck flaps	☐		☐	☐	
5. Total laryngectomy	☐		☐	☐	
6. Pharyngolaryngectomy	☐		☐	☐	
7. Partial laryngectomy	☐		☐	☐	
8. Voice restoration procedures	☐		☐	☐	
9. Neck dissection	☐		☐	☐	
10. Thyroplasty	☐		☐	☐	
11. Submandibular gland excision	☐		☐	☐	
12. Superficial parotidectomy	☐		☐	☐	
13. Thyroglossal cyst excision	☐		☐	☐	
14. External carotid artery ligation	☐		☐	☐	
15. Neck lymph node biopsy	☐		☐	☐	
16. Excision of branchial cyst	☐		☐	☐	
17. Laryngo-fissure	☐		☐	☐	
18. Excision of pharyngeal pouch	☐		☐	☐	
19. LAUP	☐		☐	☐	
20. Thyroidectomy (all types)	☐		☐	☐	
21. Aryepiglottoplasty	☐		☐	☐	
22. Use of laser					
a. CO2 (to assist in larynx, head, and neck surgery)	☐		☐	☐	
b. KTP (to assist in larynx, head, and neck surgery)	☐		☐	☐	
23. Use of navigation (to assist in larynx, head, and neck surgery)	☐		☐	☐	
24. Vocal folds (cords) injection with various materials (e.g fat, Teflon, etc)	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / OTOLARYNGOLOGY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
25. Botulinum toxin injection in the cricopharyngeal sphincter	☐		☐	☐	

CATEGORY IV: AUDIOLOGY PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Rotatory chair test	☐		☐	☐	
2. Cochlear implant programming procedure	☐		☐	☐	

ADDITIONAL PRIVILEGE (NOT INCLUDED ABOVE)

Privileges	For applicant use		For committee use				
	Request	Signature	Recommended			Not Recommended	Reason for rejection (if any)
			Facility type				
			Hospital	Day care	Clinic under LA		

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

ADVANCED 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).

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Name, Signature & Stamp

Date: DD MM YYYY

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