

## APP PRIVILEGES IN OTOLARYNGOLOGY

**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 Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services 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. Current DEA required (DEA and Nurse Practitioner Furnishing Exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)
<b>Clinical Experience (Reappointment)</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 nonphysician 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 nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

**Patient Population**

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Supervising Physician</b>	<b>Service Chief Rec</b>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Patient Population</b>		
<input type="checkbox"/>	Infant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Setting</b>		
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>

**Provide care on LPCH patients in specific areas of SHC**

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Supervising Physician</b>	<b>Service Chief Rec</b>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Additional Request</b>		
<input type="checkbox"/>	For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit	<input type="checkbox"/>	<input type="checkbox"/>

**Core Privileges - PHYSICIAN ASSISTANT (PA)**

Request <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provides and coordinates patient teaching and counseling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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 above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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 above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria** Minimum of 22 core cases required during the past two years.

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

Core - PHYSICIAN ASSISTANT (PA)

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

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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 above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	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 above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria** Minimum of 22 core cases required during the past two years.

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

Core - NURSE PRACTITIONER (NP)

**Standardized Protocols/Standardized Procedures**

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

Request <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief Rec <input type="checkbox"/>
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
<input type="checkbox"/>	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]	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Personal Supervision</b>		
<input type="checkbox"/>	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.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ROBOTICS ASSISTED SURGERY ASSISTANT [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]	<input type="checkbox"/>	<input type="checkbox"/>

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

- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)
- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- Robotic Assisted Surgery Assistant - (Chart Review)
- Robotic Assisted Surgery Assistant - (Direct Observation)

**Division**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>(Select division which corresponds to your Supervising Physician)</b>		
<input type="checkbox"/>	OTOLARYNGOLOGY / HEAD & NECK	<input type="checkbox"/>	<input type="checkbox"/>

**Standardized Protocols/Standardized Procedures**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
<input type="checkbox"/>	CERUMEN REMOVAL WITH MICROSCOPE [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRAIN REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	EPISTAXIS CONTROL [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FLEXIBLE RHINOLARYNGOPHARYNGOSCOPY [CRITERIA - Minimum 48 Insertion/Exam; Minimum 48 Recording/Exam]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRATYMPANIC STEROID INJECTION [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MICRONEEDLING TREATMENT WITH AND WITHOUT PRP INJECTION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NASAL PACKING & NASAL SPLINT: REMOVAL [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	NASOGASTRIC (NG) TUBE: INSERTION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PUNCH BIOPSY [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	RIGID NASAL SCOPING [CRITERIA - Minimum 10 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TRACHEOSTOMY CARE [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VOICE PROSTHESIS: INSERTION [CRITERIA - Minimum 6 cases required]	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Initial Criteria**                      Must Also Meet the Core Criteria

**Renewal Criteria**                      Criteria noted above for each privilege

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

- Cerumen Removal With Microscope - (Chart Review)
- Cerumen Removal With Microscope - (Direct Observation)
- Drain Removal - (Chart Review)
- Drain Removal - (Direct Observation)
- Epistaxis Control - (Chart Review)

- Epistaxis Control - (Direct Observation)
- Flexible Rhinolaryngopharyngoscopy Insertion/Exam (pertinent anatomy) - (Chart Review)
- Flexible Rhinolaryngopharyngoscopy Insertion/Exam (pertinent anatomy) - (Direct Observation)
- Flexible Rhinolaryngopharyngoscopy Recording/Exam (present issue) - (Chart Review)
- Flexible Rhinolaryngopharyngoscopy Recording/Exam (present issue) - (Direct Observation)
- Intratympanic Steroid Injection - (Chart Review)
- Intratympanic Steroid Injection - (Direct Observation)
- Microneedling Treatment With And Without Prp Injection - (Chart Review)
- Microneedling Treatment With And Without Prp Injection - (Direct Observation)
- Nasal Packing & Nasal Splint: Removal - (Chart Review)
- Nasal Packing & Nasal Splint: Removal - (Direct Observation)
- Nasogastric (Ng) Tube: Insertion - (Chart Review)
- Nasogastric (Ng) Tube: Insertion - (Direct Observation)
- Punch Biopsy - (Chart Review)
- Punch Biopsy - (Direct Observation)
- Rigid Nasal Scoping - (Chart Review)
- Rigid Nasal Scoping - (Direct Observation)
- Tracheostomy Care - (Chart Review)
- Tracheostomy Care - (Direct Observation)
- Voice Prosthesis: Insertion - (Chart Review)
- Voice Prosthesis: Insertion - (Direct Observation)

**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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ 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

Service Chief Recommendation - Proctoring Requirements

\_\_\_\_\_  
 Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request      Date \_\_\_\_\_

\_\_\_\_\_  
 Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request      Date \_\_\_\_\_