



Privileges in Otolaryngology- Head & Neck Surgery Service

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**.

Required Qualifications

Otolaryngology Initial Core Criteria	Successful completion of an ACGME or AOA-accredited residency/fellowship in otolaryngology or foreign equivalent training. AND Current certification or active participation in the examination process leading to certification in Otolaryngology by the American Board of Otolaryngology or by the American Osteopathic Board of Ophthalmology and Otolaryngology or foreign equivalent training/board. AND Documentation or attestation of the performance of at least 50 otolaryngology surgical procedures during the past two years as the attending physician (or senior resident)
Otolaryngologic Allergy Initial Core Criteria	Successful completion of an ACGME or AOA-accredited residency/fellowship in otolaryngology; or completion of an ACGME-accredited fellowship in allergy/immunology or foreign equivalency. AND Current Certification or active participation in the examination process leading to certification by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology. AND Current board certification or active participation in the examination process leading to certification by the American Board of Allergy and Immunology.
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Assist Only

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Assist Only - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above.	

Qualifications

Additional Information

No Admitting privileges
Must have primary surgeon in attendance for all procedures scheduled

Renewal

Must maintain reappointment activity of 11+ per year
Maintain current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery or foreign equivalent training/board

FPPE

Assist Only

OTOLARYNGOLOGY Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
Privileges included in the Core:		
	Privileges to admit; evaluate; diagnose; perform history and physical; consult, provide non-surgical and surgical care to adult patients presenting with illnesses, injuries, and disorders of the head and neck affecting the ears, nose, facial skeleton, and respiratory and upper alimentary systems.	
	Privileges also include operative intervention - and related preoperative and postoperative care - of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including temporal bone surgery	
	Microsurgery of the ear, petrous bone, facial nerve, and related structures	
	Nasal and paranasal sinus surgery	
	Endoscopic sinus surgery	
	Maxillofacial surgery including the orbits, jaw, and facial skeleton	
	Aesthetic, plastic, and reconstructive surgery of the face, head, and neck	
	Resection of head and neck neoplasia	
	Surgery of the upper aerodigestive tract	
	Surgery of the thyroid, parathyroid, and salivary glands	
	Surgery of the lymphatic tissues of the head and neck	
	Head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms	
	Endoscopy of the airway (larynx, trachea, and bronchial tree), both diagnostic and therapeutic	
	Endoscopy of the upper digestive tract (nasopharynx, hypopharynx, esophagus), both diagnostic and therapeutic	
	Use of laser in otolaryngological and aesthetic surgery	
	Biopsies of head and neck area	
	Extraction of teeth incidental to tumor resection or repair of traumatic injury	
	Collagen injection; dermabrasion; minor excisions of cysts and moles; scar revisions	
	Harvesting graft material for reconstruction: (e.g. Skin, abdominal fat, fascia lata, sural nerve grafts)	

Qualifications

Renewal Criteria Minimum 11 Otolaryngology Core cases at SHC required during the past 2 years
 Maintain current certification or active participation in the examination process leading to certification in Otolaryngology by the American Board of Otolaryngology or by the American Osteopathic Board of Otolaryngology or foreign equivalent training/board.

FPPE

OTOLARYNGOLOGY Core

OTOLARYNGOLOGIC ALLERGY Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
Privileges included in the Core:		
	Privileges to admit; evaluate; diagnose; consult, perform history and physical, provide care to adult patients presenting with allergic, inflammatory, and immunologic disorders affecting the head and neck.	
	Administration and interpretation of allergic skin testing	
	Preparation of extracts for immunotherapy	
	Administration of subcutaneous and sublingual immunotherapy	
	Oral and IV medication challenge and desensitization	
	Food challenge	
	Flexible diagnostic endoscopy of upper airway	

Qualifications

Clinical Experience (Reappointment) Minimum 5 Otolaryngologic Allergy Core cases at SHC required during the past 2 years
 Maintain current board Certification or active participation in the examination process leading to certification by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology.
 Maintain current board certification or active participation in the examination process leading to certification by the American Board of Allergy and Immunology.

FPPE

OTOLARYNGOLOGIC ALLERGY Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA -Teaching appointment to work in SHC outpatient clinics]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Skull-base surgery [CRITERIA - Initial - Fellowship training in neurotology, head & neck oncology, or rhinology. Renewal - Minimum 5 cases required at SHC]	
	Operative neurotology (posterior and middle fossa craniotomy) [CRITERIA - Initial - Fellowship training in neurotology. Renewal - Minimum 5 cases required at SHC]	
	Stereotactic Radiosurgery [CRITERIA - Initial - 1) Accuray training course 2) Manufacturer's training course 3) Observe four (4) cases 4) Proctored for four (4) cases by Stanford Faculty 5) Letter from co-director of Cyberknife program and/or letter from Radiation Oncology Clinical Chief. Renewal - Minimum 5 cases required at SHC]	
	Surgery of the pituitary [CRITERIA - Initial - Fellowship training in rhinology. Renewal - Minimum 5 cases required at SHC]	
	Free flaps [CRITERIA - Initial - Fellowship training in Microvascular surgery. Renewal - Minimum 5 cases required at SHC]	
	Robotic surgery [CRITERIA - Initial - 1) Intuitive two-day training course 2) Five (5) cases assisted by an approved surgeon 3) Ten (10) cases proctored by an approved surgeon. Renewal - Minimum 5 cases required]	
	Central Venous Catheter Insertion [CRITERIA - complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only.]	
	Ultrasound of the head and neck [CRITERIA - Initial - Completion of the American College of Surgeons certificate course on ultrasound of the thyroid, neck parathyroid, and neck or its equivalent PLUS completion of 5 cases over the past 2 years -OR- Completion of 50 cases over the past 2 years. Renewal - Minimum of 50 cases required]	
	Percutaneous gastrostomy [CRITERIA - Documented training in this procedure during residency or fellowship. Renewal - Minimum 5 cases required]	

FPPE

- Administration of Moderate Sedation
- Skull-base surgery
- Operative neurotology (posterior and middle fossa craniotomy)
- Surgery of the pituitary (Chart Review)
- Surgery of the pituitary (Direct Observation)
- Free flaps (Chart Review)
- Free flaps (Direct Observation)

[applicant]

- Robotic surgery (Chart Review)
- Robotic surgery (Direct Observation)
- Central Venous Catheter Insertion
- Ultrasound of the Head and Neck
- Percutaneous gastrostomy
- Stereotactic Radiosurgery (Direct Observation of first three (3) cases and reviewed treatment plan)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

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

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

[applicant]

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

Date