



## 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

<b>Otolaryngology Initial Core Criteria</b>	Successful completion of an ACGME or AOA-accredited residency/fellowship in otolaryngology or foreign equivalent training. <b>AND</b> 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. <b>AND</b> 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)
<b>Otolaryngologic Allergy Initial Core Criteria</b>	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. <b>AND</b> 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. <b>AND</b> Current board certification or active participation in the examination process leading to certification by the American Board of Allergy and Immunology.
<b>FPPE</b>	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  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	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	<input type="checkbox"/>

**Assist Only**

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

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

**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	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
<input type="checkbox"/>		<input type="checkbox"/>
	<b>Privileges included in the Core:</b>	
<input type="checkbox"/>	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.	<input type="checkbox"/>
<input type="checkbox"/>	Administration and interpretation of allergic skin testing	<input type="checkbox"/>
<input type="checkbox"/>	Preparation of extracts for immunotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Administration of subcutaneous and sublingual immunotherapy	<input type="checkbox"/>
<input type="checkbox"/>	Oral and IV medication challenge and desensitization	<input type="checkbox"/>
<input type="checkbox"/>	Food challenge	<input type="checkbox"/>
<input type="checkbox"/>	Flexible diagnostic endoscopy of upper airway	<input type="checkbox"/>

**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	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA -Teaching appointment to work in SHC outpatient clinics]	<input type="checkbox"/>
<input type="checkbox"/>	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.]	<input type="checkbox"/>
<input type="checkbox"/>	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.]	<input type="checkbox"/>
<input type="checkbox"/>	Endoscopic thyroid/parathyroid surgery (includes all routes transoral, trans axillary, via facelift, neck incision, and other skin tunnel approaches) [CRITERIA - Initial - Completion of residency in Otolaryngology or fellowship training which includes at least five (5) cases of endoscopic thyroid/parathyroid surgery OR attestation of five (5) cases performed in practice. Renewal - Minimum 5 cases required]	<input type="checkbox"/>
<input type="checkbox"/>	Free flaps [CRITERIA - Initial - Fellowship training in Microvascular surgery. Renewal - Minimum 5 cases required at SHC]	<input type="checkbox"/>
<input type="checkbox"/>	Operative neurotology (posterior and middle fossa craniotomy) [CRITERIA - Initial - Fellowship training in neurotology. Renewal - Minimum 5 cases required at SHC]	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous gastrostomy [CRITERIA - Documented training in this procedure during residency or fellowship. Renewal - Minimum 5 cases required]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>
<input type="checkbox"/>	Skull-base surgery [CRITERIA - Initial - Fellowship training in neurotology, head & neck oncology, or rhinology. Renewal - Minimum 5 cases required at SHC]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>
<input type="checkbox"/>	Surgery of the pituitary [CRITERIA - Initial - Fellowship training in rhinology. Renewal - Minimum 5 cases required at SHC]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>

**FPPE**

- Administration of Moderate Sedation
- Central Venous Catheter Insertion

[applicant]

- Endoscopic thyroid/parathyroid surgery (Chart Review)
- Free flaps (Chart Review)
- Free flaps (Direct Observation)
- Operative neurotology (posterior and middle fossa craniotomy)
- Percutaneous gastrostomy
- Robotic surgery (Chart Review)
- Robotic surgery (Direct Observation)
- Skull-base surgery
- Stereotactic Radiosurgery (Direct Observation of first three (3) cases and reviewed treatment plan)
- Surgery of the pituitary (Chart Review)
- Surgery of the pituitary (Direct Observation)
- Ultrasound of the Head and Neck

**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 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

[applicant]

Service Chief Recommendation - Proctoring Requirements

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

\_\_\_\_\_  
Date