



Privileges in Plastic 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

Education/Training

Successful completion of an ACGME or AOA-accredited residency/fellowship in plastic surgery or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Plastic Surgery by the American Board of Plastic Surgery or foreign equivalent training/board.

AND

Documentation or attestation of the performance of at least 100 plastic surgery procedures on inpatients or outpatients as the attending physician (or senior resident), at a fully accredited Ambulatory Surgery Facility, during the past two years.

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	

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges included in the Core:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and perform surgical procedures for patients presenting with both congenital and acquired defects of the body's soft tissue.	
	Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery	
	Cranio-maxillofacial trauma, including fractures of the mandible and maxilla	
	Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities	
	Plastic surgery of the breast	
	Surgery of the head/upper extremities	
	Plastic surgery of the lower extremities	
	Plastic surgery of the congenital and acquired defects of the trunk and genitalia	
	Burn management, acute and reconstructive	
	Microsurgical techniques applicable to plastic surgery	
	Reconstruction by tissue transfer, including flaps and grafts	
	Surgery of benign and malignant lesions of the skin and soft tissues	
	Simple, intermediate and complex wound care	
	Steroid injections into joint, keloids, and hypertrophic scarring	
	Nerve block with local anesthetics	

Qualifications

Renewal Criteria	Minimum 100 plastic surgeryCore procedures required during the past 2 years Maintain current certification or active participation in the examination process leading to certification in Plastic Surgery by the American Board of Plastic Surgery or foreign equivalent training/board.
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FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Plastic Surgery - Applicant must meet with Proctor to discuss completed cases/charts

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	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.]	
	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]	
	Complex craniofacial surgery [CRITERIA - Initial - Completion of plastic surgery training with documentation of special emphasis in this area or fellowship training in craniofacial surgery. Renewal - Minimum 10 cases required during the past 2 years]	
	Complex hand surgery [CRITERIA - Initial - Completion of plastic surgery training with documentation of special emphasis in this area or Certificate of added qualification in Hand Surgery. Renewal - Minimum 40 cases required during the past 2 years]	
	Hyperbaric Medicine [CRITERIA - Initial - Successful completion and proof of a minimum of 40 hours of a formal didactic and practicum training that is accredited by the American College of Hyperbaric Medicine (AHCM) or the Undersea and Hyperbaric Medical Society (UHMS). If this training is more than 12 months old then must show successful management of 10 patients through a hyperbaric treatment protocol in the prior two years. -OR- Have completed an identified fellowship in Hyperbaric Medicine with a letter from the program director stating s/he was adequately trained and proved clinical competency in the applied for procedure. If this training is more than 12 months old then must show successful management of 10 patients through a hyperbaric treatment protocol in the prior two years. -OR- Certification by the American Board of Preventive Medicine, the American Board of Emergency Medicine or the American Osteopathic Board of Occupational and Preventive Medicine or another ABMS or an AOABS approved specialty board offering a Certificate of Added Qualification in Hyperbaric Medicine with a letter from the program director stating s/he was adequately trained and proved clinical competency in the applied for procedure. If this training is more than 12 months old then must show successful management of 10 patients through a hyperbaric treatment protocol in the prior two years. Renewal - Management of a minimum of 10 hyperbaric treatments or patients in the past 2 years.]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Use of surgical laser [CRITERIA - Initial - Record of training for specific laser used. Renewal - Minimum 10 cases required during the past 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]	

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

Administration of Moderate Sedation
 Complex craniofacial surgery
 Complex hand surgery
 Central Venous Catheter Insertion
 Hyperbaric Medicine

Use of surgical laser

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

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 _____

