

Privileges in Otolaryngology

Applicant's 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 | |
|--|---|
| Initial Core Criteria Education/Training | <p>Successful completion of an ACGME or AOA accredited Residency training program in Otolaryngology or foreign equivalent training</p> <p>AND</p> <p>Current certification or active participation in the examination process leading to certification in Otolaryngology by the American Board of Otolaryngology or in Otolaryngology by the American Osteopathic Board of Ophthalmology and Otolaryngology or foreign equivalent training/board</p> |
| FPPE | <p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p> |

Core Privileges

| Request | <i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i> | Dept Chair Rec |
|---------|---|----------------------|
| | Ages Requested | |
| | 3 - 12 months | |
| | 1 - 5 years | |
| | 5 - 18 years | |
| | Privileges to admit, evaluate, consult, perform history and physical exam, and provide non-surgical and surgical care to pediatric patients presenting with disorders of the head, neck, respiratory, and upper alimentary systems. | |
| | Privileges also include operative intervention - and related preoperative and postoperative care - of congenital inflammatory, endocrine, neoplastic, degenerative, and traumatic conditions including: | |
| | Repair of congenital anomalies of the head and neck | |
| | Microsurgery of the ear, temporal bone, facial nerve, and related structures | |
| | Nasal and paranasal sinus surgery, including endoscopic sinus surgery | |
| | Maxillofacial surgery including the orbits, jaw, and facial skeleton | |
| | Aesthetic, plastic, and reconstructive surgery of the 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 the form and function in congenital anomalies, head and neck trauma, and neoplasms | |
| | Endoscopy of the airway and upper digestive tract, both diagnostic and therapeutic | |
| | Use of lasers in otolaryngological surgery | |
| | Harvesting graft material for reconstruction (eg, skin, abdominal fat, fascia lata, nerve grafts) | |
| | Repair of lacerations and removal of minor lesions in areas other than the head and neck | |

Qualifications

Renewal Criteria Minimum of 11 cases required during the past two years.

FPPE

Otolaryngology Core (Chart review)

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> | Dept Chair Rec |
|---------|--|----------------------|
| | Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required] | |
| | Procedures on Neonates, 0-3 Months Old [Initial Criteria - Pediatric Otolaryngology fellowship or equivalent experience Renewal Criteria - Minimum 5 cases required in the past two years.] | |
| | Microvascular Flaps (Initial Criteria - Fellowship training in Microvascular surgery or equivalent experience. Renewal Criteria - Minimum 5 cases required in the past two years.) | |
| | 0 -18 Years | |
| | Operative Neurotology (Initial Criteria - Fellowship training in neurotology, or equivalent experience. Renewal Criteria - Minimum 5 cases required in the past two years.) | |
| | 0 -18 Years | |
| | Robotic Surgery (Initial Criteria - Documented laparoscopy and/or thoracoscopy privileges and Intuitive Certified Training course (certificate required), all verified by the Director of Robotic Surgery or the Surgeon-in-Chief. Renewal Criteria - Minimum 5 cases required in the past two years.) | |
| | 0 -18 Years | |
| | Ultrasound of the head and neck (Initial Criteria - 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 Criteria - Minimum of 50 cases required) | |
| | 0 - 18 Years | |

FPPE

Procedures on Neonates, 0-3 Months Old (Chart review)
 Microvascular Flaps - 0-18 Years (Chart review)
 Operative Neurotology - 0-18 Years (Chart review)
 Robotic Surgery - 0-18 Years (Chart review)
 Ultrasound of the head and neck (Chart review)

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 Children's Health. 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.

Practitioner's Signature

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 |
|-----------|---|
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Service Chief Recommendation - FPPE Requirements

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

Date