

## Privilege Request Form

### Privileges for: Otolaryngology

#### Request

- ☐ Initial application for privileges  
☐ Reappointment application for privileges  
☐ Request for additional privileges

I hereby request the privileges of performing the following medical and/or surgical procedures (requested procedures are check (X) marked). Please note, a practitioner can choose to cross off any core privilege he/she is not interested in applying for.

#### OTOLARYNGOLOGY

CRITERIA: To be eligible for the following privileges, practitioners must have completed an ACGME training program in Otolaryngology. Clinical privileges will be based upon the areas requested and their qualifications and experience as related to the surgical care of pediatric patients in the past twenty-four (24) months.

#### ENT SURGICAL PRIVILEGES

#### CATEGORY I

CRITERIA: Physician has training and competence commensurate with specialty board certification.

Surgery of the nose and paranasal sinuses

Otologic surgery for infection, tumor, hearing loss, congenital deformity, and reconstruction

#### SURGERY OF THE HEAD AND NECK:

CRITERIA: (Please provide numbers for patients <12 years of age)

Salivary gland Surgery

Soft Tissue Surgery of the Neck

Repair of Fractures of the Facial Bones

Excision of cyst or tumors from nose, mouth, oropharynx or ears

#### AESTHETIC AND RECONSTRUCTIVE SURGERY OF THE HEAD AND NECK

CRITERIA: (Please provide numbers for patients <12 years of age)

Congenital deformities of the head and neck

Burns of the Head and Neck

Obtaining tissue grafts and flaps from neighboring anatomic region

#### SURGERY OF THE PEDIATRIC AIRWAY

CRITERIA: (Please provide numbers for patients <12 years of age)

Tracheostomy

# Privilege Request Form

Privileges for: **Otolaryngology**

**Request**

\_\_\_\_\_ Surgery of the Hypopharynx, Esophagus, Larynx, subglottis and trachea

\_\_\_\_\_ Removal of Foreign Bodies from the Upper Aerodigestive tract, and/or trachea, Bronchia

\_\_\_\_\_ CATEGORY II

CRITERIA: Training with competence equal to that of a subspecialist. Any privileges requested under Category II require documentation of training (residency, fellowship or course specific) and/or experience. (Please provide numbers for patients <12 years of age).

\_\_\_\_\_ Endoscopic sinus surgery

\_\_\_\_\_ Cochlear Implants

\_\_\_\_\_ Intracranial temporal bone surgery

\_\_\_\_\_ Thyroid Surgery and parathyroid surgery under the age of 12 years

\_\_\_\_\_ CATEGORY III LASER SURGERY OF THE HEAD AND NECK

\_\_\_\_\_ LASER SURGERY OF THE HEAD AND NECK

\_\_\_\_\_ Indicate ARGON/CO2/YAG/KTP

\_\_\_\_\_ Skin/soft tissue \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Airway \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Otology \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Sinus/endoscopic \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Physician Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_