

Please Print Name _____

QUALIFICATIONS: Licensed physician (DO or MD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

Of the following, indicate particular privileges requested: Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

REQ	APP	Privilege Requested:
		ADMIT, consult, order diagnostic tests and procedures and treat patients with diseases and disorders that effect the ears, nose and throat, the respiratory and upper alimentary systems, and related structures of the head and neck.

CORE PROCEDURAL PRIVILEGES: All Otolaryngologists are eligible to apply for the following core procedures. Criteria for granting privileges are attached.

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		Nasal and paranasal sinus surgery including endoscopic sinus surgery.			Surgery of the thyroid, parathyroid, and salivary glands
		Macro and Microsurgery of the ear, petrous bone, facial nerve, and related structures including otoplasty			Head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms
		Maxillofacial surgery including the orbits, jaw, and facial skeleton			Surgery of the lymphatic tissues of the head and neck
		Surgery of the upper aerodigestive tract			Resection of head and neck neoplasia

ENDOSCOPIC PROCEDURES

REQ	APP	Privileges Requested:
		Endoscopy of the airway (larynx, trachea, and brohchial tree)
		Endoscopy of the upper digestive tract (nasopharynx, hypopharynx, esophagus)

REGIONAL PLASTIC AND RECONSTRUCTIVE SURGERY: Otolaryngologists with appropriate specialty training/experience are eligible to apply for the following plastic and reconstructive procedures. Documentation of training and recent experience will be required.

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		Browlift			Rhytidectomy
		Blepharoplasty			Facial Skin resurfacing
		Rhinoplasty			Liposuction of the face/neck

SPECIAL PROCEDURES: Otolaryngologists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met.

REQ	APP	Privilege Requested:
		Laser: <input type="checkbox"/> Co ₂ <input type="checkbox"/> Argon <input type="checkbox"/> Holmium: YAG <input type="checkbox"/> Nd: YAG <input type="checkbox"/> KTP
		Acoustic neuroma surgery
		Neuro-otologic surgery
		VNS (Vagus Nerve Stimulation)
		CONSCIOUS SEDATION

I have reviewed the above privileges and requested the procedures to which I am limiting my practice; and have been trained accordingly; I am requesting permission to do these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Surgery Department Chairman/Vice Chairman	Date:
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

OTOLARYNGOLOGY

Criteria for Granting Privileges

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in Otolaryngology reflective of the scope of privileges requested for the past 24 months.

SPECIAL PROCEDURES

LASER PRIVILEGES

Current proficiency and knowledge of laser procedures:

1. Laser surgery course with content consistent with the privileges being requested; or
2. Letter from a residency director documenting adequate training for the privileges being requested; or
3. Letter of explanation which requests that these privileges be granted without the above requirements being met due to extensive experience at another hospital.

ACOUSTIC NEUROMA AND NEURO-OTOLOGIC SURGERY

Additional training requirements include Fellowship program and/or training approved by the Department of Surgery must be submitted.

VNS (VAGUS NERVE STIMULATION)

A physician requesting VNS privileges will be a licensed MD or DO surgeon with ENT, cardiac, vascular privileges or a neurosurgeon.

The criteria for patients is as follows:

1. VNS is indicated for use as an adjunctive therapy in reducing the frequency of seizures in adults and adolescents over 12 years of age with partial onset seizures which are refractory to antiepileptic medications.
2. All patients admitted for surgery must have a neurologist on the case to monitor the vagus nerve stimulator, settings and patient progress.
3. Consent must be specific to the procedure and include documentation that the risks and benefits were discussed with the patient.
4. The first ten cases performed will be reviewed for documentation of any side effects from the neurologist following the patient.

CONSCIOUS SEDATION

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.