

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	APP	Privilege Requested:
		ADMIT, provide consultation, order diagnostic tests and procedures, and treat patients with problems related to plastic surgery.

REQ = Requested APP = Approved

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

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		<b><u>SURGERY OF THE HAND &amp; EXTREMITIES</u></b> includes but not limited to the following: Hand wounds; Tendon injuries; Fracture of the hand and wrist; Carpal tunnel syndrome (endoscopic & open); Dupuytren's contracture; Surgery for rheumatoid arthritis; Congenital anomalies; Tumors of the bones and soft tissue.			<b><u>TREATMENT OF SKIN NEOPLASMS, DISEASES &amp; TRAUMA</u></b> includes but not limited to the following: Benign and malignant lesions of the skin and soft tissue; Reconstructive grafts and flaps; Scar revisions.
		<b><u>SURGERY OF THE BREAST</u></b> includes but not limited to the following: Breast reconstruction; Breast reduction; Breast biopsy; Congenital anomalies; Mastectomy (subcutaneous and simple); Breast augmentation; Breast lift (mastopexy).			<b><u>COMPLEX WOUND HEALING &amp; BURN TREATMENT</u></b> includes but not limited to the following: Initial burn management; Acute and reconstructive burn treatment.
		<b><u>TREATMENT OF FACIAL DISEASES AND INJURIES, INCLUDING MAXILLOFACIAL STRUCTURES</u></b> includes but not limited to the following: Facial fractures including the mandible; Nose, ear, jaw, eyelid, cleft lip and palate deformities; Facial deformity and wound treatment; Tumors of the head and neck.			<b><u>RECONSTRUCTION OF CONGENITAL &amp; ACQUIRED DEFECTS OF THE TRUNK &amp; GENITALIA</u></b> includes but not limited to the following: Vaginal reconstruction; Repair of penis deformities; Chest and abdominal wall reconstructions.

**CORE PROCEDURAL COSMETIC SURGERY PRIVILEGES:** Please select from the following list of procedures. Confirmation of training/experience will be required.

		Facial Contouring			Implants (Cheek or Chin)
		Forehead Lift			Body Contouring
		Blepharoplasty			Vein Injection Sclerotherapy
		Rhinoplasty			Abdominalplasty
		Otoplasty			Liposuction
		Rhytidectomy			Endoscopic Liposuction
		Skin Peeling and dermabrasion			

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

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
		Reconstructive Microsurgery			Skull Base Surgery
		Reconstruction of peripheral nerve injury			Craniofacial surgery
		Muscular flaps and grafts/free tissue transfer			Replantation and revascularization of the upper and lower extremities and digits
		Laser therapy for vascular lesions			Post Bariatric Reconstructive Body Lifting
		Conscious Sedation (see attached criteria)			

\_\_\_\_\_  
**Please Print Name**

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures. 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.

<b>Applicant's Signature:</b>	<b>Date:</b>
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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.

<b>Signature: Surgery Department Chairman/Vice Chairman</b>	<b>Date:</b>
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Date: \_\_\_\_\_  
Credentials approval

Date: \_\_\_\_\_  
Medical Executive approval

Date: \_\_\_\_\_  
Board of Directors approval

## PLASTIC SURGERY

### 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 Plastic Surgery reflective of the scope of privileges requested for the past 24 months.

### SPECIAL PROCEDURES

#### RECONSTRUCTIVE MICROSURGERY / RECONSTRUCTION OF PERIPHERAL NERVE INJURY / MUSCULAR FLAPS AND GRAFTS/FREE TISSUE TRANSFER / REPLANTATION AND REVASCULATION OF THE UPPER AND LOWER EXTREMITIES AND DIGITS

- A Board eligible or certified physician in Plastic Surgery
- **Training:**
  - a. Specialized training during formal Plastics and Reconstructive Residency Program, with procedural logs and a letter from the program director attesting to competency **OR**
  - b. One year Microsurgery Fellowship Program, with procedural logs and a letter from the program director attesting to competency **OR**
  - c. Approved specialized training acceptable to the Department of Surgery. Specialized training may range from three to twelve months in duration, and may take place in either an institutional setting or with an individual preceptor.

#### SKULL BASE SURGERY / CRANIOFACIAL SURGERY

- A Board eligible or certified physician in Plastic Surgery
- **Training:**
  - a. Specialized training during formal Plastic and Reconstructive Residency Program, with procedural logs and a letter from the program director attesting to competency **OR**
  - b. One to two year Skull Base or Craniofacial Fellowship Program, with procedural logs and a letter from the program director attesting to the competency **OR**
  - c. Approved specialized training acceptable to the Department of Surgery.

#### POST BARIATRIC RECONSTRUCTIVE BODY LIFTING

- A Board eligible or certified physician in Plastic Surgery
- **Training:**
  - d. Specialized training during formal Plastic and Reconstructive Residency Program, with procedural logs and a letter from the program director attesting to competency **OR**
  - e. Approved specialized training acceptable to the Department of Surgery.

#### 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.

## **CONSCIOUS SEDATION PRIVILEGES**

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.