

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION**

OTOLARYNGOLOGY

APPLICANT NAME: _____

CORE PRIVILEGES:

Otolaryngology privileges include admission, work up, diagnosis, and provision of nonsurgical and surgical care to patients of all ages presenting with illnesses, injuries, and disorders of the head and neck affecting the ears, facial skeleton, and respiratory and upper alimentary system. These privileges include surgery involving temporal bone, nasal and paranasal sinus, skull-base, maxillofacial, esthetic, plastic, and reconstructive, thyroid, parathyroid, pituitary, salivary glands, and lymphatic tissue of the head and neck. These core privileges do not include any of the privileges listed under Special Privileges.

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

____ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in Otolaryngology.**

Subspecialty: _____.

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

CLASS III:

____ **Board certification or board eligible in Otolaryngology, having completed an ACGME- or AOA-**

approved post graduate training program in Otolaryngology; or

____ **Active board certification application pending, having completed an ACGME- or AOA- approved**

post graduate training program in Otolaryngology; or

____ **Completion of an ACGME- or AOA-approved post graduate training program in Otolaryngology**

and full time otolaryngology experience for a minimum of the last three (3) years consecutively.

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

Other training, please explain:

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NAME: _____

SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
 PRIVILEGES
 REQUESTED
 RECOMMENDED
 YES NO

YES NO

___ ___ Extensive endoscopic ethmoidectomy and related procedures.

___ ___

Training/Experience: _____

___ ___ Face/eye brow lift and other cosmetic facial procedures.

___ ___

Training/Experience: _____

___ ___ Intravenous conscious sedation.

___ ___

Training/Experience: _____

NOTE: ALL PRACTITIONERS GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 14.63.

___ ___ Laryngectomy, partial or complete.

Training/Experience: _____

___ ___ Partial neck dissection.

___ ___

Training/Experience: _____

___ ___ Radical neck dissection.

___ ___

Training/Experience: _____

___ ___ Sinus endoscopy.

___ ___

Training/Experience: _____

___ ___ Stapedectomy.

___ ___

Training/Experience: _____

___ ___ Use of surgical laser.

___ ___

Training/Experience: _____

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NAME: _____.

ADDITIONAL PRIVILEGES (Specify, stated with training/experience):

_____	_____
_____	_____
_____	_____

APPLICANT SIGNATURE: _____

DATE: _____

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____

Department Chairperson

Date of Review

SURGERY DEPARTMENT.
Medical Staff Department

MSS: REVISED 09/99.