

**CARLSBAD MEDICAL CENTER  
APPLICATION FOR CLINICAL PRIVILEGES  
DEPARTMENT OF SURGERY: OTORHINOLARYNGOLOGY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Life threatening emergency:** At the time of a clinical emergency, any practitioner may render whatever care he/she believes to be indicated.

**Illness or problem with no serious threat to life.**

Requested	Granted	
___	___	Cerumen removal

**Illness or problem requiring skills usually acquired during post-internship specialty training, or as a consequence of experience.**

Requested	Granted	
___	___	Removal, foreign body, nose
___	___	Excision skin lesion, simple
___	___	Incision skin and subcutaneous
___	___	Excision lesion skin, local
___	___	Suture laceration, skin or mucous membrane
___	___	Excision skin lesions
___	___	Otoscopy

**Complex or severe illness or problem and those with immediate or serious threat to life, requiring skills usually achieved only during training sufficient to attain eligibility for board certification.**

OTOLOGY

Requested	Granted	
___	___	Audiogram
___	___	Electronystagmogram
___	___	Foreign body removal from ear
___	___	External canal instrumentation
___	___	Facial nerve testing, initiation of vertigo workup
___	___	Myringotomy with or without tube
___	___	Mastoidectomy, simple
___	___	Mastoidectomy, radical
___	___	Facial nerve exploration
___	___	Excision of tumor ear or mastoid
___	___	Temporal bone resection
___	___	Tympanoplasty
___	___	Stapedectomy
___	___	Labyrinthectomy
___	___	Myringoplasty
___	___	Tympanic neurectomy
___	___	Decompression of facial nerve
___	___	Sacculotomy, decompression of membranous labyrinth
___	___	Nerve suture, facial graft or repair

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OTOLOGY

<b>Requested</b>	<b>Granted</b>	
___	___	Exploratory tympanotomy
___	___	Tympanoplasty with ossicular reconstruction
___	___	Endolymphatic sac operations
___	___	Resection acoustic neuroma
___	___	Resection vestibular neuroma
___	___	Otologic laser surgery
___	___	Middle cranial fossa procedure
___	___	Excision glomus tumor, temporal

RHINOLOGY

<b>Requested</b>	<b>Granted</b>	
___	___	Antral irrigation
___	___	Polypectomy, nasal
___	___	Submucous resection, septal
___	___	Lateral rhinotomy
___	___	Excision congenital cysts
___	___	Oroantral fistula repair
___	___	Septolasty
___	___	Nasal rhinoplasty
___	___	Antrotomy
___	___	Caldwell-Luc
___	___	Transantral ligation of vessels
___	___	Ethmoidectomy
___	___	Frontal sinus operations
___	___	Frontal sinus ablation
___	___	Dacryocystorhinostomy
___	___	Hypophysectomy, (transeptal, transnasal or transantral)
___	___	Turbinectomy
___	___	Antrostomy, intranasal
___	___	Choanal atresia repair
___	___	Excision, nasal/nasopharyngeal tumors via transethmoid, transantral or transpalatal
___	___	Frontal sinus trephine
___	___	Vidian neurectomy

LARYNGOLOGY

<b>Requested</b>	<b>Granted</b>	
___	___	Laryngectomy, subtotal
___	___	Thyrotomy (laryngofissure)
___	___	Laryngectomy, supraglottic
___	___	Laryngectomy, vertical (hemilaryngectomy)
___	___	Laryngectomy, wide field
___	___	Laryngectomy with radical neck dissection

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LARYNGOLOGY

Requested	Granted	
___	___	Exploration laryngeal fracture
___	___	Arytenoidectomy, any method

HEAD AND NECK

Requested	Granted	
___	___	Major lip reconstruction
___	___	Partial glossectomy
___	___	Uveopalatopharyngoplasty
___	___	Cleft lip and palata surgery
___	___	Excision congenital cysts
___	___	Excision salivary glands
___	___	Operation for tongue tie
___	___	Operation for micrognathia
___	___	Operation for macroglossia
___	___	Resection of angiofibroma, nasopharyngeal
___	___	Osseointegration
___	___	Extraction of teeth
___	___	Oroantral fistula repair
___	___	Tonsillectomy and/or adenoidectomy
___	___	Glossoplasty
___	___	Incision and drainage intra-oral abscess
___	___	Repair of laceration, lip, tongue and mucosa
___	___	Pharyngoplasty (pharyngeal flap)
___	___	Pharyngeal implant

HEAD AND NECK

Requested	Granted	
___	___	Cervial node biopsy
___	___	Scalene node biopsy
___	___	Tracheostomy
___	___	Parotidectomy, total with facial nerve preservation
___	___	Parotidectomy, superficial
___	___	Parotidectomy, total with nerve graft

HEAD AND NECK

Requested	Granted	
___	___	Excision, submandibular gland
___	___	Mandibulectomy, partial
___	___	Composite resection, primary tumor with radical neck dissection
___	___	Incision and drainage, neck abscess
___	___	Neck exploration
___	___	Radical neck dissection
___	___	Radical neck dissection, extended
___	___	Diverticulectomy

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HEAD AND NECK

Requested	Granted	
___	___	Thyroidectomy, any technique
___	___	Esophagoectomy, cervical with/without radical neck dissection
___	___	Resection, trachea with primary repair
___	___	Major vessel ligation
___	___	Excision congenital cysts
___	___	Delto-pectoral flap
___	___	Myocutaneous flaps
___	___	Forehead flaps
___	___	Region head and neck flaps
___	___	Graft, skin split thickness
___	___	Graft, skin full thickness
___	___	Composite, graft
___	___	Temporomandibular joint exploration
___	___	Condylectomy
___	___	Operations salivary glands/ducts
___	___	Operations on palate
___	___	Division, jaw
___	___	Excision, lesion, jaws
___	___	Repair and plastic operation jaw
___	___	Excision dental cyst or tumor
___	___	Extraction, tooth/teeth as part of other operation
___	___	Excision, vascular tumors (carotid body, etc.)
___	___	T.E. puncture for voice prosthesis
___	___	Graft, rib
___	___	Node biopsy and excision benign lesions
___	___	Temporal bone resection, partial
___	___	Graft, bone, cartilage or dermal
___	___	Maxillectomy, partial
___	___	Maxillectomy, total
___	___	Maxillectomy, radical, with orbital exenteration
___	___	Ostectomy, partial secondary to osteomyelitis

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HEAD AND NECK

Requested	Granted	
___	___	Parathyroidectomy
___	___	Fistula repair
___	___	Pharyngotomy
___	___	Tracheoesophageal fistula repair

FACIAL PLASTIC RECONSTRUCTIVE AND MAXILLOFACIAL SURGERY

Requested	Granted	
___	___	Excision lesion skin, radical
___	___	Z-plasty, scar or web
___	___	Plastic operation on lip or mouth
___	___	Prep pedicle graft or flap graft
___	___	Attachment, pedicle flap other site
___	___	Dermabrasion
___	___	Otoplasty
___	___	Reconstruction auricle
___	___	Plastic operation on nose (rhinoplasty)
___	___	Rhytidectomy, facial
___	___	Facial sling procedures
___	___	Blepharoplasty
___	___	Browplasty
___	___	Closed reduction, malar, zygoma or arch
___	___	Open reduction, malar, zygoma or arch including fixation
___	___	Closed reduction maxilla
___	___	Open reduction, maxilla
___	___	Closed reduction mandible
___	___	Open reduction mandible, including plating
___	___	Mentoplasty
___	___	Chemical face peel
___	___	Hair transplant

FACIAL PLASTIC RECONSTRUCTIVE AND MAXILLOFACIAL SURGERY

Requested	Granted	
___	___	Reduction, TM joint, open or closed
___	___	TM joint exploration
___	___	Soft tissue repair
___	___	Bone grafting
___	___	Repair orbital floor fracture
___	___	Pharyngoplasty or pharyngeal flap
___	___	Pharyngeal implant
___	___	Eyelid surgery, plastic repair
___	___	Tarsorrhaphy

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FACIAL PLASTIC RECONSTRUCTIVE AND MAXILLOFACIAL SURGERY

Requested	Granted	
<input type="checkbox"/>	<input type="checkbox"/>	Implants, any type
<input type="checkbox"/>	<input type="checkbox"/>	Skin planing
<input type="checkbox"/>	<input type="checkbox"/>	Reduction, fixation, naseothmoid fracture open/closed
<input type="checkbox"/>	<input type="checkbox"/>	Reduction, nasal fracture, open/closed
<input type="checkbox"/>	<input type="checkbox"/>	Reduction, exploration, repair, frontal sinus fracture
<input type="checkbox"/>	<input type="checkbox"/>	Stomoplasty
<input type="checkbox"/>	<input type="checkbox"/>	Lip shave
<input type="checkbox"/>	<input type="checkbox"/>	Wedge resection of lip
<input type="checkbox"/>	<input type="checkbox"/>	Abbe-Estlander flap

ENDOSCOPIC PROCEDURES

Requested	Granted	
<input type="checkbox"/>	<input type="checkbox"/>	Nasopharyngoscopy, biopsy
<input type="checkbox"/>	<input type="checkbox"/>	Pharyngoscopy, biopsy
<input type="checkbox"/>	<input type="checkbox"/>	Laryngoscopy, biopsy
<input type="checkbox"/>	<input type="checkbox"/>	Bronchoscopy, biopsy, laser surgery foreign body removal, wash
<input type="checkbox"/>	<input type="checkbox"/>	Esophagoscopy, biopsy, laser surgery foreign body removal
<input type="checkbox"/>	<input type="checkbox"/>	Microlaryngoscopy with laser surgery
<input type="checkbox"/>	<input type="checkbox"/>	Rhinology
<input type="checkbox"/>	<input type="checkbox"/>	Esophageal dilation
<input type="checkbox"/>	<input type="checkbox"/>	Tracheoscopy

OTHER

Requested	Granted	
<input type="checkbox"/>	<input type="checkbox"/>	Conscious sedation

**Illness or problem requiring an unusual degree of expertise or competence in techniques requiring special skills, usually acquired only with experience or subspecialty training. Board certified in subspecialty requested, or Board qualified within the current time limits of the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology.**

**\* Those privileges marked with an \* require documentation of training and/or experience in addition to board certification or qualification in the requested subspecialty. (See attached documentation requirements)**

**\*\* Privileges not listed below will not be granted until the development of procedure specific criteria.**

PLEASE CHECK PRIVILEGE(S) YOU WISH TO REQUEST.

- \*Endoscopic paranasal sinus surgery
- \*Laser Surgery





### **AUTHORIZATION FOR BACKGROUND CHECK**

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

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Print Name

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Signature

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Date