

**WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGES REQUEST FORM FOR OTOLARYNGOLOGY**

To be eligible to request clinical privileges for otolaryngology, a practitioner must meet the following minimum threshold criteria:

1. *Education:* M.D. or D.O.
2. *Minimum formal training:* The applicant must be able to demonstrate successful completion of an approved residency training program in otolaryngology.
3. *Experience:* The applicant must demonstrate that he or she has provided inpatient services or performed surgery for at least 50 patients during the past 12 months in areas such as head and neck, otologic, plastic, reconstructive, and general surgery.
4. *References:* A letter of reference must come from the person responsible for the applicant's fellowship training or the department chief of another hospital the applicant has been affiliated with for the last two years. Two other letters must come from a primary care physician and an otolaryngologist who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of otolaryngology.

If you meet the above criteria, you may request privileges as specified below.

I hereby request core otolaryngology privileges as follows: Privileges include admission, workup, 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, reconstructive, thyroid, parathyroid, pituitary, salivary glands, and lymphatic tissue of the head and neck. These privileges do not include any of the following special requests.

For each special request, the applicant must meet minimum threshold criteria. Special requests for otolaryngology include:

- sinus endoscopy
- use of the laser

I understand that in making this request I am bound by the applicable bylaws or policies of the hospital and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician's name

Typed or printed name

Date

Approved: 1/97

"In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."