

Privileges in Otolaryngology - Head & Neck Surgery Service

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine
- ONLY** provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – requires Active or Courtesy Status at LPCH

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL, UTL or CE) Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>OTOLARYNGOLOGY Core Privileges</u> Privileges to admit; evaluate; diagnose; perform history and physical; consult, provide non-surgical and surgical care to adult patients presenting with illnesses, injuries, and disorders of the head and neck affecting the ears, nose, facial skeleton, and respiratory and upper alimentary systems.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Privileges also include operative intervention – and related preoperative and postoperative care – of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including temporal bone surgery</p> <ul style="list-style-type: none"> • Microsurgery of the ear, petrous bone, facial nerve, and related structures • Nasal and paranasal sinus surgery • Endoscopic sinus surgery • Maxillofacial surgery including the orbits, jaw, and facial skeleton • Aesthetic, plastic, and reconstructive surgery of the face, head, and neck • Resection of head and neck neoplasia • Surgery of the upper aerodigestive tract • Surgery of the thyroid, parathyroid, and salivary glands • Surgery of the lymphatic tissues of the head and neck • Head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms • Endoscopy of the airway (larynx, trachea, and bronchial tree), both diagnostic and therapeutic 	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in otolaryngology or foreign equivalent training.</p> <p align="center"><u>AND Either</u></p> <p>Board Certified or active participation in the examination process leading to certification by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology or foreign equivalent training/board.</p> <p align="center"><u>OR</u></p> <p>Documentation or attestation of the performance of at least 50 otolaryngology surgical procedures during the past two years as the attending physician (or senior resident), at an accredited facility.</p>	<p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p> <p>Minimum 11 cases at SHC required in 2 years</p>	5 Chart Reviews

	<ul style="list-style-type: none"> • Endoscopy of the upper digestive tract (nasopharynx, hypopharynx, esophagus), both diagnostic and therapeutic • Percutaneous gastrostomy • Use of laser in otolaryngological and aesthetic surgery • Biopsies of head and neck area • Extraction of teeth incidental to tumor resection or repair of traumatic injury • Collagen injection; dermabrasion; minor excisions of cysts and moles; scar revisions • Harvesting graft material for reconstruction: (e.g. Skin, abdominal fat, fascia lata, sural nerve grafts) 			
<input type="checkbox"/>	<p><u>OTOLARYNGOLOGIC ALLERGY</u> <u>Core Privileges</u> Privileges to admit; evaluate; diagnose; consult, perform history and physical, provide care to adult patients presenting with allergic, inflammatory, and immunologic disorders affecting the head and neck.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <ul style="list-style-type: none"> • Administration and interpretation of allergic skin testing • Preparation of extracts for immunotherapy • Administration of subcutaneous and sublingual immunotherapy • Oral and IV medication challenge and desensitization • Food challenge • Flexible diagnostic endoscopy of upper airway 	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in otolaryngology; or completion of an ACGME-accredited fellowship in allergy/immunology or foreign equivalent training.</p> <p><u>AND Either</u></p> <p>Board Certified or active participation in the examination process leading to certification by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology or foreign equivalent training/board.</p> <p><u>OR</u></p> <p>Board Certified or active participation in the examination process leading to certification by the American Board of Allergy and Immunology or foreign equivalent training/board.</p>	<p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p> <p>Minimum 5 cases at SHC required in 2 years</p>	<p>5 chart reviews</p>

SPECIAL PRIVILEGES
(MUST ALSO MEET THE CRITERIA ABOVE)

REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	Renewal Requirements	Proctoring Requirements
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	1 Chart Review
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Skull-base surgery	Fellowship training in neurotology, head & neck oncology, or rhinology	<p>_____ # of cases in 2 years</p> <p>Minimum 5 cases at SHC required in 2 years</p>	3 Chart Reviews

<input type="checkbox"/>	Operative neurotology (posterior and middle fossa craniotomy)	Fellowship training in neurotology	_____ # of cases in 2 years Minimum 5 cases at SHC required in 2 years	3 Chart Reviews
<input type="checkbox"/>	Stereotactic Radiosurgery	<ul style="list-style-type: none"> • Accuray training course • Manufacturer's training course • Observe four (4) cases • Proctored for four (4) cases by Stanford Faculty • Letter from co-director of Cyberknife program and/or letter from Radiation Oncology Clinical Chief 	_____ # of cases in 2 years Minimum 5 cases at SHC required in 2 years	Observation of first three (3) cases and reviewed treatment plan
<input type="checkbox"/>	Surgery of the pituitary	Fellowship training in rhinology	_____ # of cases in 2 years Minimum 5 cases at SHC required in 2 years	3 Chart Reviews 1 Observations
<input type="checkbox"/>	Free flaps	Fellowship training in Microvascular surgery	_____ # of cases in 2 years Minimum 10 cases at SHC required in 2 years	3 Chart Reviews 1 Observations

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES and MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.