



Privileges in Plastic Surgery Service
Orthognathic/Maxillofacial Surgery (OMFS)

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 or UTL)
- Clinical Educator
- Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core:</u> Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and perform surgical procedures for patients presenting with both congenital and acquired defects of the body's soft tissue. Core privileges include:</p> <ul style="list-style-type: none"> • Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery • Neoplasms of the head and neck, including the oropharynx and training in appropriate endoscopy • Cranio-maxillofacial trauma, including fractures of the mandible and maxilla • Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities • Surgery of the head and neck • Microsurgical techniques applicable to OMFS • Reconstruction by tissue transfer, including flaps and grafts • Surgery of benign and malignant lesions of the skin and soft tissues • Simple, intermediate and complex wound care • Steroid injections into joint, keloids, and hypertrophic scarring • Nerve block with Xylocaine 	<p>Successful completion of an OMFS residency or foreign equivalent training.</p> <p>Documentation or attestation of the performance of at least 100 plastic surgery/OMFS procedures on inpatients or outpatients as the attending physician (or senior resident), at an accredited facility during the past two years.</p>	<p>Reappointments: <i>please be prepared to provide a list of cases performed at facilities other than SHC if requested.</i></p> <p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p>	5 chart reviews

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of Cases performed in past 2 yrs **	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	5 chart reviews
<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"/>	Complex craniofacial surgery		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Use of surgical laser		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Endoscopic surgery		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Dento-alvcolar/Oral surgery		_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	OMF and craniofacial implants		_____ # of cases in 2 years	5 chart reviews

**** 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 REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. 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.