LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF OTOLARYNGOLOGY

NAME OF APPLICANT ____**DATE** _______________________________

☐ Initial Appointment and/or Additional Privileges ☐ Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				Core Privileges in Otolaryngology: includes performing a history and physical, interpreting laboratory studies, interpreting and performing diagnostic studies and treatment plans for the following ages:			
				Neonatology and Infants from 0 to 2 years of age			
				Children from 3 to 13 years of age			
				Adolescents and Adults 14 years of age and older			
				OTOLOGICAL:			
				1. Tympanoplasty			
				2. Mastoidectomy			
				3. Facial nerve decompression (extracranial)			
				4. Acoustic neuroma			

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APPLIED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				5. Stapedectomy			
				6. Endolymphatic shunt			
				7. Labyrinthectomy			
				8. Vestibular neurectomy			
				9. Facial nerve decompression (Total)			
				10. Cochlear implantation			
				11. Computerized facial and acoustical nerve monitoring			
				LARYNGOLOGICAL/HEAD AND NECK:			
				12. Laryngoscopy/biopsy			
				13. Microlaryngoscopy			
				14. Bronchoscopy/Biopsy/Removal (Foreign body)			
				15. Esophagoscopy/Biopsy/Removal (Foreign body)			
				16. Nasopharyngoscopy/Biopsy			
				17. Tonsillectomy/Adenoidectomy			
				18. Surgery of Oral Cavity			
				19. Excision Submaxillary gland			

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M	E	H	R			Competency	Other
				20. Parotidectomy			
				21. Tracheostomy			
				22. Laryngosfissure			
				23. Partial Laryngectomy			
				24. Supraglottic Laryngectomy			
				25. Total Laryngectomy			
				26. Radical Neck Dissection			
				27. Modified Neck Dissection			
				28. Glossectomy			
				29. Maxillary resection - with or without orbital exenteration			
				30. Maxillofacial/head and neck Reconstruction, including skin grafts			
				31. Mandibulectomy			
				32. Teflon injection vocal cords			
				33. Pharyngectomy			
				34. KTP laser surgery			
				35. CO_2 laser surgery			

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M	E	H	R			Competency	Other
				36. Mediastinoscopy			
				37. Sphenoidectomy			
				38. Partial and total Thyroidectomy			
				39. Parathyroidectomy			
				40. Skull base surgery			
				41. Paraganglioma excision			
				RHINOLOGICAL AND SINUS:			
				42. SMR/Septoplasty			
				43. Rhinoplasty			
				44. Intranasal Antrostomy			
				45. Nasal Polypectomy			
				46. Caldwall-Luc Procedure			
				47. Frontal Sinus External approach			
				48. Frontal Sinus Trephination			
				49. Ethmoidectomy			
				50. Sphenoidotomy			

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M	E	H	R			Competency	Other
				51. Turbinectomy			
				52. Crushing of Turbinates			
				53. Repair Nasal Fracture			
				54. Endoscopic sinus surgery			
				OTHER:			
				55. Repair facial fractures Laryngosplasty			
				56. Cricopharngeal myotomy			
				57. Repair laryngeal fractures nerve repair and grafting			
				58. Exploration of penetrating neck injurires			
				59. Emergency repair/ligation of vascular injuries			
				60. Head & neck cosmetic and reconstructive			
				61. Free bone and soft tissue vascularized flaps			
				62. Tracheal resection and repair			
				63. Temporal bone resection			
				64. Cranial, rib, iliac crest bone grafting (includes harvesting)			

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M	E	H	R			Competency	Other
				65. MODERATE/DEEP SEDATION PRIVILEGES			
				66. DECLARATION OF BRAIN DEATH PRIVILEGES			
				67. TEACHING ONLY			

PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and 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 in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

______________________________ ______________________________

APPLICANT'S SIGNATURE DATE

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Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#:____
Condition/Modification/Explanation:____
____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#:____
Explanation for NOT recommending based on
COMPETENCY:____
____

If supplemental documentation provided, check here: ☐

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

____ _____________________________

SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:	APPROVED BY EXECUTIVE COMMITTEE ON:
APPROVED BY GOVERNING BODY ON:	PERIOD ENDING:

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