

St. Dominic Hospital
OTOLARYNGOLOGY SERVICE
CREDENTIALS GUIDELINES

Approved by Credentials Committee: September 2008

Revision Approved by Credentials Committee: March 2012

Revision Approved by Credentials Committee: June 2015

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

EDUCATION: MD or DO

MINIMUM FORMAL TRAINING: The applicant must be able to demonstrate successful completion of an ACGME or AOA approved residency-training program in otolaryngology surgery.

REQUIRED PREVIOUS EXPERIENCE: The applicant must demonstrate that he/she has provided inpatient services or performed surgery for at least fifty (50) patients during the last twelve (12) months in areas such as head and neck, otologic, plastic, reconstructive and general surgery

BOARD CERTIFICATION: The applicant must meet the Medical Staff Bylaws requirements for board certification.

**IF YOU MEET THE ABOVE CRITERIA, YOU MAY REQUEST CORE PRIVILEGES IN
OTOLARYNGOLOGY.**

St. Dominic Hospital
OTOLARYNGOLOGY SERVICE
PRIVILEGE FORM

Name (please print): _____ Date: _____

Age Specific Criteria: Please indicate the specific age groups included in your practice.

<i>Age Specific Groups</i>	Requested
Neonatal (0-11 months)	
Pediatrics (1-12 years)	
Adolescent (13-17 years)	
Adults (18-79 years)	
Geriatrics (80+ years)	

To request privileges, please check the appropriate hospital column(s).

<i>Otolaryngology Core Privileges</i>	Requested
Admit, evaluate, diagnose, and provide consultation and comprehensive medical and surgical care to patients of all ages, except as specifically excluded from practice, presenting with disease, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included. These privileges DO NOT INCLUDE any of the following special requests. <ul style="list-style-type: none"> • All forms of surgery on the auditory canal, the tympanic membrane, and the contents of the middle ear • Facial plastic surgery, including cosmetic surgery • Radical surgery of the head and neck, including radical neck dissection, and radical excision of the maxillary antrum for tumor • Reconstructive procedure of the upper airway • Surgery of the oral cavity, oral pharynx, hypo pharynx, arytenoids cartilages, and 	

<i>Otolaryngology Special Requests</i>	Requested	Granted	Monitored
Use of laser (indicate type : _____)			

** Proof of attendance at approved course or letter verifying training by local physician certified in Otolaryngology or certain number of procedures (to be determined by credentialing committee) or specific mention of training and competence by director of residency/fellowship training program. (X = procedure not available. S = supervised privileges only.)*

Signature of Applicant: _____ Date: _____

CRITERIA FOR SPECIAL PRIVILEGE REQUESTS

LASER

Appointment: Applicant must show documentation during residency; or eight (8) hours of Category I CME credits and documentation of performance of ten (10) cases; or eight (8) hours of Category I CME credits and observation of three (3) cases.

Reappointment: Applicant must show documentation of performance of ten (10) cases in the past year.