

**TEXAS SPINE & JOINT HOSPITAL
OTOLARYNGOLOGY CLINICAL PRIVILEGES**

NAME: _____

- Initial appointment
 Reappointment

All new applicants must meet the following requirements as approved by the governing body.

To be eligible to apply for core privileges in otolaryngology the initial applicant must meet the following criteria:
 Successful completion of ACGME or American Osteopathic Association accredited residency in general surgery.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of at least 50 otolaryngology surgery procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of residency or fellowship within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in Otolaryngology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in Otolaryngology procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of Privileges.

REQUESTED	PRIVILEGE	APPROVED	DENIED
	SALIVARY GLANDS		
	Total Parotidectomy with Facial Nerve Dissection		
	Partial Parotidectomy with Facial Nerve Dissection		
	Total Parotidectomy with/without Nerve Graft		
	Submaxillary Gland Excision		
	NOSE AND MAXILLA		
	Lateral Rhinotomy		
	Partial/Total Maxillectomy		
	Excision Nasopharyngeal Tumor		
	Transethmoid		
	Transantral		
	Transpalatal		
	LIPS		
	Lip Shave		
	Wedge Resection		
	Abbe-Estlander Flap		
	ORAL CAVITY		
	Partial Glossectomy		
	NECK		
	I & D neck Abscess		
	Excision Benign Lesions		

	Diverticulectomy		
	Cervical Node Biopsy		
	Scalene Node Biopsy		
	Major Vessell Ligation		
	Congenital Cysts		
REQUESTED	PRIVILEGE	APPROVED	DENIED
	Branchiogenic Cysts		
	Thyroglossal Cysts		
	Dermoids		
	Teratomas		
	OTOLOGIC		
	Myringotomy		
	Myringoplasty		
	Tympanoplasty		
	Tympanoplasty with Mastoidectomy		
	Simple Mastoidectomy		
	Fenestration		
	Surgical sinus Ablation		
	Stapedectomy		
	Stapes Mobilization		
	Facial Nerve Decompression		
	Facial Nerve Graft or Repair		
	Tympanic Neurectomy		
	Labyrinthectomy		
	Decompression Membranous Labyrinth		
	Sacculotomy		
	Endolymphatic Sac Operations		
	PLASTIC AND RECONSTRUCTIVE		
	Reconstruction External Ear		
	Otoplasty		
	Rhinoplasty		
	Laryngoplasty		
	Tracheoplasty		
	Mentoplasty		
	Rhytidectomy		
	Blepharoplasty		
	Mandibular-closed		
	GRAFTS		
	Split Thickness Skin		

	Full Thickness Skin		
	Composite		
	Cleft Lip Repair		
	Cleft Palate Repair limited		
	Excision Skin Lesions		
	Scar revision		
	ENDOSCOPY		
	Laryngoscopy		
	Esophagoscopy-Diagnostic with Foreign Body Removal		
	GENERAL		
	Adenoidectomy		
	Tonsillectomy		
	T & A		
	Nasal Polypectomy		
REQUESTED	PRIVILEGE	APPROVED	DENIED
	Submucous Resection		
	Nasal Septoplasty		
	Turbinectomy		
	Antrotomy		
	Caldwell-Luc		
	Transantral Ligation of Vessels		
	Vidian Neurectomy		
	Intranasal Ethmoidectomy		
	External Ethmoidectomy		
	Fronto-ethmoidectomy		
	Frontal Sinus Trephine		
	Osteoplastic Frontal Sinusotomy		
	Frontal Sinus Ablation		
	Endoscopic Darcyochoytorrhinoscopy (DCR)		

ACKNOWLEDGEMENT 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 Texas Spine & Joint Hospital and Outpatient Surgery Services.

Signature_____ **Date:**_____