

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL  
AND SURGERY CENTER  
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 pas 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
	<b>SALIVARY GLANDS</b>		
	Total Parotidectomy with Facial Nerve Dissection		
	Partial Parotidectomy with Facial Nerve Dissection		
	Total Parotidectomy with/without Nerve Graft		
	Submaxillary Gland Excision		
	<b>NOSE AND MAXILLA</b>		
	Lateral Rhinotomy		
	Partial/Total Maxillectomy		
	Excision Nasopharyngeal Tumor		
	Transethmoid		
	Transantral		
	Transpalatal		
	<b>LIPS</b>		
	Lip Shave		
	Wedge Resection		
	Abbe-Estlander Flap		
	<b>ORAL CAVITY</b>		
	Partial Glossectomy		
	<b>NECK</b>		
	I & D neck Abscess		
	Excision Benign Lesions		
	Diverticulectomy		
	Cervical Node Biopsy		
	Scalene Node Biopsy		
	Major Vessell Ligation		
	Congenital Cysts		

<b>REQUESTED</b>	<b>PRIVILEGE</b>	<b>APPROVED</b>	<b>DENIED</b>
	Branchiogenic Cysts		
	Thyroglossal Cysts		
	Dermoids		
	Teratomas		
	Partial Thyroidectomy		
	Full Thyroidectomy		
	<b>OTOLOGIC</b>		
	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		
	<b>PLASTIC AND RECONSTRUCTIVE</b>		
	Reconstruction External Ear		
	Otoplasty		
	Rhinoplasty		
	Laryngoplasty		
	Tracheoplasty		
	Mentoplasty		
	Rhytidectomy		
	Blepharoplasty		
	Mandibular-closed		
	<b>GRAFTS</b>		
	Split Thickness Skin		
	Full Thickness Skin		
	Composite		
	Cleft Lip Repair		
	Cleft Palate Repair limited		
	Excision Skin Lesions		
	Scar revision		
	<b>ENDOSCOPY</b>		
	Laryngoscopy		
	Esophagoscopy-Diagnostic with Foreign Body Removal		
	<b>GENERAL</b>		
	Adenoidectomy		
	Tonsillectomy		
	T & A		

	Nasal Polypectomy		
<b>REQUESTED</b>	<b>PRIVILEGE</b>	<b>APPROVED</b>	<b>DENIED</b>
	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 Darcyochostrhinotomy (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 Baylor Scott & White Texas Spine & Joint Hospital and Surgery Center.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_