CLINICAL PRIVILEGES – OTORHINOLARYNGOLOGIC SURGEON

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.
PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.
ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.
DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

CODES:
1. **Fully competent within defined scope of practice.** ***(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)***
2. **Supervision required.** ***(Unlicensed/uncertified or lacks current relevant clinical experience.)***
3. **Not approved due to lack of facility support.** ***(Reference facility master privileges list.)***
4. **Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.**

CHANGES: Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*	NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES – OTORHINOLARYNGOLOGIC SURGEON

Requested	Verified		Requested	Verified	
		A. GENERAL PROCEDURES			**B. OTOLOGIC (continued)**
		1. Adenoidectomy			10. Reconstruction, congenital aural atresia
		2. Tonsillectomy			11. Microvascular decompression, CN V, VII, VIII
		3. Uvulopalatopharyngoplasty			12. Jacobson's nerve section and/or chorda tympani nerve section
		4. Uvulopalatoplasty with laser or other technique			
		5. Nasal polypectomy			13. Lateral skull base exposure
		6. Septoplasty/submucous resection			14. Facial nerve decompression
		7. Turbinectomy			15. Facial nerve graft or repair
		8. Antrostomy (sublabial or transnasal)			16. Tympanic neurectomy
		9. Transnasal ethmoidectomy			17. Labyrinthectomy
		10. Vidian neurectomy			18. Decompression membranous labyrinth
		11. Intranasal ethmoidectomy			a. Cochleosacculotomy
		12. External ethmoidectomy			b. Endolymphatic sac operation
		13. Frontal sinus trephine			19. Acoustic neuroma resection
		14. Osteoplastic frontal sinusectomy			a. Translabyrinthine
		15. Lingual frenulum release, Z-plasty, frenuloplasty			b. Middle cranial fossa
		16. Eyelid, excision lesion of			c. Retrolabyrinthine/suboccipital in conjunction with neurosurgery
		17. Canthotomy, cantholysis			
		18. Orbital exploration			20. VIII nerve section via middle cranial fossa
		19. Tarsorrhaphy			21. Translabyrithine or retrolabyrinthine vestibular nerve section
		20. Allergy evaluation, skin testing, and treatment by injection			22. Eustachian tuboplasty
		21. Frontal sinus ablation			23. Cochlear implant
		22. Radical pansinusectomy			24. Singular neurectomy infratemporal fossa removal of tumor
		23. Dacryocystorhinostomy			
		24. Hypophysectomy			25. Transcochlear approach to petrous apex
		25. Cryosurgery			26. Use of laser in otologic surgery
		26. Transantral orbital decompression			**C. PLASTIC AND RECONSTRUTIVE PROCEDURES**
		27. Sinus surgery, endoscopic technique			1. Reconstruction external ear
		28. Use of laser for general otolaryngologic procedures			2. Otoplasty
		29. Transantral ligation of vessels			3. Rhinoplasty
		B. OTOLOGIC			4. Laryngoplasty
		1. Myringotomy, with/without tube			5. Tracheoplasty
		2. Tympanoplasty/myringoplasty			6. Mentoplasty
		3. Tympanoplasty with mastoidectomy			7. Rhytidectomy
		4. Modified radical mastoidectomy			8. Blepharoplasty
		5. Radical mastoidectomy			9. Reduction in facial fractures
		6. Fenestration			a. Frontal
		7. Stapedotomy/stapedectomy			b. Nasal
		8. Ossiculoplasty			c. Maxilla (LeFort I, II, III)
		9. Perilymph fistula exploration, repair			d. Malar with or without oribital floor

II. LIST OF CLINICAL PRIVILEGES – OTORHINOLARYNGOLOGIC SURGEON *(Continued)*

Requested	Verified		Requested	Verified	
		9. Reduction in facial fractures (continued)			**1. Ear and mastoid (continued)**
		e. Orbital blowout			**c. Excision of auricle and neck dissection**
		f. Mandible (closed, open)			**d. Local excision oral/oropharyngeal lesion (benign, malignant)**
		10. Pedicle flap procedure (chest, neck, forehead-scalp, cheek, back)			**2. Salivary glands**
		11. Grafts			**a. Parotidectomy with or without nerve dissection or nerve graft**
		a. Split and full thickness skin			
		b. Composite			**b. Submaxillary gland excision**
		c. Dermal			**3. Nose and maxilla**
		d. Cartilage			**a. Lateral rhinotomy**
		e. Bone			**b. Total or partial maxillectomy**
		12. Implants			**c. Radical maxillectomy with orbital exenteration**
		13. Facial sling procedures			**4. Craniofacial resection**
		14. Oroantral fistula repair			**5. Facial disassembly**
		15. Choanal atresia repair			**6. Oral cavity**
		16. Prognathism correction			**a. Partial glossectomy**
		17. Retrognathism correction			**b. Partial mandibulectomy**
		18. Cleft lip and palate repair			**c. Composite resection – primary tumor with radical neck dissection, primary in floor of mouth, alveoli, tongue, buccal region, tonsil, or any combination**
		19. Temporomandibular joint exploration			
		20. Condylectomy			
		21. Excision skin lesions			
		22. Scar revisions			**7. Lips**
		23. Submental lipectomy			**a. Lip shave**
		24. Dermabrasion			**b. Wedge resection**
		25. Chemical peel			**c. Reconstruction with local, regional flaps**
		26. Facial reanimation			**8. Neck**
		27. Ectropion repair			**a. Incision and drainage of neck abscess**
		28. Lower lid reconstruction			**b. Node biopsy and excision of benign lesions**
		29. Free flap transfer			**c. Radical/modified neck dissection**
		30. Pharyngeal flap			**d. Excision of parapharyngeal space tumor**
		31. Pharyngoplasty			**e. Surgical speech fistula**
		32. Velopharyngoplasty			**f. Laryngectomy *(subtotal, wide field, with/without radical neck dissection)***
		33. Palatal pushback			
		34. Liposuction, neck, face			**g. Exploration of laryngeal fractures**
		35. Tissue expander, placement, removal			**h. Exploration of recurrent laryngeal nerves**
		36. Repair, stenosis of pharynx			**i. Arytenoidectomy**
		37. Genioplasty			**j. Thyroidectomy**
		38. Orbital reconstruction			**k. Cervical esophagectomy with neck dissection**
		39. Brow lift			**l. Trachel resection with repair**
		40. Calvarial bone graft			**m. Tracheotomy**
		41. Malar augmentation			**n. Major vessel ligation and grafting**
		42. Mandibular reconstruction			**o. Arterial infusion procedures**
		D. ENDOSCOPY			**p. Excision congenital cycts *(branchial, thyroglossal dermoids, teratomas)***
		1. Laryngoscopy – diagnostic, biopsy, excision			
		2. Esophagoscopy – diagnostic			**q. Parathyroid, exploration, excision of lesions**
		a. with foreign body removal			**r. Thyroplasty**
		b. with stricture dilation			**s. Thrombectomy, major vessels**
		3. Bronchoscopy – diagnostic			**9. Pharynx**
		a. with foreign body removal			**a. Excision, lesion of**
		b. with stricture dilation			**b. Pharyngectomy, partial, total**
		4. Mediastinoscopy			**10. Skull - Cranioplasty**
		5. Vocal cord injection (including Teflon)			**11. Use of laser in head and neck surgery**
		6. Use of laser in aerodigestive endoscopy			**F. OTHER *(Specify)***
		E. HEAD AND NECK PROCEDURES			**1.**
		1. Ear and mastoid			**2.**
		a. Excision of tumor			**3.**
		b. Temporal bone resection			**4.**

SIGNATURE OF APPLICANT	DATE

II. CLINICAL SUPERVISOR'S RECOMMENDATION

☐ **RECOMMEND APPROVAL**

☐ **RECOMMEND APPROVAL WITH MODIFICATION**
(Specify below)

☐ **RECOMMEND DISAPPROVAL**
(Specify below)

SIGNATURE OF CLINICAL SUPERVISOR **(Include typed, printed, or stamped signature block)**	DATE