

OTOLARYNGOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 –UF Jax/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, assessment, diagnosis, consultation and nonsurgical or surgical treatment to patients with illnesses, injuries and disorders of the head and neck affecting the ears, facial skeleton, respiratory and upper alimentary system. These privileges include surgery involving the temporal bone, nasal and paranasal sinus, skull base, maxillofacial structures, thyroid, parathyroid, pituitary, salivary gland, scalp skin, and lymphatic tissue of the head and neck. This surgery may be aesthetic, plastic, or reconstructive and includes fiberoptic laryngoscopy. [Physicians desiring privileges for children < 24 months at Wolfson must complete the pediatric otolaryngology privilege form] [++Hospitals 9]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.	APPR
										Balloon Catheter Dilation of Paranasal Sinus [++Hospitals 1, 4, 5, 7, 10]	
										Blepharoplasty [++Hospitals 6]	
										Bone Anchored Hearing Aid (BAHA) [++Hospitals 1, 2, 3, 6, 7, 9]	
										Bone Conduction Implants [++Hospitals 6]	
										Cleft Lip and Palate Repair	
										Cochlear Implants [++Hospitals 1, 2, 6, 7, 0]	
										Contravis Microscope [++Hospitals 1, 7]	
										Computer Assisted (Robotic) Surgery [++Hospital 1, 2, 4, 5, 6, 9, 10]	
										Dermabrasion	
										Dacryocystorrhinostomy (DCR)	
										Genioglossus Advancement-Hyoid (GAHM) [++Hospitals 1, 6]	
										Laser - CO ₂ [++Hospitals 1, 2, 4, 5, 6, 10]	
										Laser - KTP [++Hospitals 1, 4, 5, 7, 10]	
										Laser - nd:YAG [++Hospitals 1, 5, 6, 7]	

■ Privilege not available in this specialty at this hospital.

++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

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1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.	APPR
										Liposuction: Neck and Face [++Hospital 4, 5, 6, 10]	
										Microvascular Free Flap [++Hospitals 4, 5, 6, 10]	
										Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 7, 9, 10]	
										Pediatric Laryngotracheal Reconstruction [++Hospital 6]	
										Rhytidectomy [++Hospitals 6]	
										Stapedectomy [++Hospitals 6]	
										Surgery for Acoustic Neuroma [++Hospitals 1, 2, 3, 6]	
										Vagal Nerve Simulator	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

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