

# PEDIATRIC OTOLARYNGOLOGY PRIVILEGE FORM

NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ To \_\_\_\_\_

LEGEND: 1 - Baptist                      2 - Beaches                      3 - Nassau                      4 - St. Luke's                      5 - St. Vincent's  
6 - Shands Jax/SJ TCU                      7 - Wolfson                      8 - Brooks                      9 - South

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	CORE PRIVILEGES	APPR
									Admission, assessment, diagnosis, and the provision of nonsurgical and surgical care to pediatric patients presenting 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 temporal bone; nasal and paranasal sinus; skull base; maxillofacial region; thyroid, parathyroid, pituitary, and salivary glands; and lymphatic tissue of the head and neck.	

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 along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
									Balloon Catheter Dilation of Paranasal Sinus [Hospital 7**]	
									Cochlear Implants [Hospital 7**]	
									Deep Sedation [Hospital 7**]	
									Endoscopic Sinus Surgery	
									Laser Surgery CO2 [Hospital 7**]	
									Laser Surgery KTP [Hospital 7**]	
									Laser Surgery Nd Yag [Hospital 7**]	
									Laryngeal or Tracheal Surgery	
									Moderate Sedation/Analgesia [Hospital 7**]	
									Plastic and Reconstructive Surgery of Head and Neck [Hospital 7**]	

**Acknowledgement 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: \_\_\_\_\_

- If blacked out, this privilege is 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.