DELINEATION OF PRIVILEGES
PRACTICE AREA: **OTOLARYNGOLOGY**

To request these clinical privileges, the following threshold criteria must be met:

1. Licensed by the State of Iowa as M.D. or D.O., **AND**
2a. Board Certification by the American Board of Otolaryngology or the American Osteopathic Board of Ophthalmology and Otolaryngology with certification in otolaryngology, **OR**
2b. Successful completion of an ACGME or AOA accredited residency program in otolaryngology **WITH** board certification in 5 years or less of residency completion. **AND**
3. Maintain admitting and peer-reviewed otolaryngology privileges at one of the Iowa Health Des Moines Hospitals or one of the Mercy Health Network Des Moines Hospitals.

OTOLARYNGOLOGY PRIVILEGES - I am requesting otolaryngology surgery privileges for:

Requested	Granted	
❒	❒	Correct or treat various conditions, illnesses, and disorders of the head and neck affecting the ears, facial skeleton, and respiratory and upper alimentary system
❒	❒	Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, revision and foreign body removal
❒	❒	Exploration / Debridement / Repair /Excision / Biopsy / Aspiration of soft tissue, skin or nodes of the head or neck
❒	❒	Surgery of the frontal, ethmoid, sphenoid and maxillary sinuses and turbinates, including endoscopic sinus surgery, septoplasty
❒	❒	Surgery of the oral cavity and oral pharynx, hypo pharynx, nasopharynx and larynx
❒	❒	Skin grafting, full or split thickness, of the head or neck
❒	❒	Plastic surgery of the face head and neck, including surgery of the eyelids, face, nose, lips, neck and external ear, including chemical peel, rhytidectomy, rhinoplasty, otoplasty, facelift, reconstructions, fracture reductions and implants
❒	❒	Otological surgery including myringotomy, myringoplasty, tympanoplasty, mastoidectomy, Stapedectomy
❒	❒	Operation, interpretation and reporting of X-ray and C-arm imaging
❒	❒	Laser – CO_2
❒	❒	Administration of local anesthesia / minimal sedation
☐	☐	Supervision of Allied Health Practitioner/Residents/Students

SPECIAL PROCEDURES/TECHNIQUES

To be eligible to apply for a special procedure listed below, you must meet the above threshold criteria and you **must also** demonstrate successful completion of an approved, recognized course, or acceptable supervised training in residency, fellowship or other acceptable experience and provide documentation of competence in performing that procedure.

Requested	Granted	
❒	❒	Hypoglossal nerve stimulatory implant (Inspire)

To admit patients, perform histories and physicals, order diagnostic tests, request consultations, provide consultations within the scope of your privileges, use all skills normally learned during medical school and residency and render any care in a life-threatening emergency or as requested by the Clinical Administration should there be a physician crisis in the facility.

You are expected to practice within the bounds of your training and competence and should not attempt to treat cases, which are not in your scope of practice. Newly developed treatment modalities are not included in this request and must be cleared by the Medical Executive Committee and Governing Board before their performance. Please become familiar with the capabilities and limitations of this facility.

I understand that in making this request I am bound by the applicable bylaws and/or policies of Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for this request. I also certify that I have knowledge to operate all the equipment necessary to carry out requested procedures.

_____ _____
Date Applicant's Signature

_____
Applicant's Name Printed

Privileges:
Granted _____ **Deferred** _____ **MEC Signature:** _____ **Date:** _____

Granted _____ **Deferred** _____ **GB Signature:** _____ **Date:** _____

Modifications: _____