

**CLEVELAND AMBULATORY SURGERY CENTER  
 DELINEATION OF CLINICAL PRIVILEGES  
 Otorhinolaryngology**

|                       |      |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you *do* and *do not* wish to be credentialed. Return this form with your Application.

| Procedures                                 | Credentialing Request |    | Recommendation by QM Committee |    |
|--|-----------------------|----|--------------------------------|----|
|  | Yes                   | No | Yes                            | No |
| Antral puncture/windows                    |                       |    |                                |    |
| Arch bar removal and application           |                       |    |                                |    |
| Bronchoscopy                               |                       |    |                                |    |
| Caldwell luc                               |                       |    |                                |    |
| Cervical node biopsy                       |                       |    |                                |    |
| Closed fracture reduction nasal/mandibular |                       |    |                                |    |
| Cyst excision                              |                       |    |                                |    |
| Esophagoscopy                              |                       |    |                                |    |
| Esophageal dilatation                      |                       |    |                                |    |
| Ethmoidectomy, including sphenoidectomy    |                       |    |                                |    |
| Excision aural polyp                       |                       |    |                                |    |
| Excision branchial cleft cyst              |                       |    |                                |    |
| Excision frenum, labial or buccal          |                       |    |                                |    |
| Excision lesion mouth                      |                       |    |                                |    |
| Excision lesion palate/uvula               |                       |    |                                |    |
| Excision lesion tongue                     |                       |    |                                |    |
| Fistulectomy                               |                       |    |                                |    |
| Foreign body excision and removal          |                       |    |                                |    |
| Inferior turbinate fracture, reduction     |                       |    |                                |    |
| Laryngeal injections other than silicone   |                       |    |                                |    |
| Laryngeal polypectomy                      |                       |    |                                |    |
| Laryngoscopy w/wo vocal cord stripping     |                       |    |                                |    |
| Lesion excision                            |                       |    |                                |    |
| Mass excision                              |                       |    |                                |    |
| Mastoidectomy                              |                       |    |                                |    |
| Myringotomy w/wo tubes                     |                       |    |                                |    |
| Nasal antral windows                       |                       |    |                                |    |
| Nasal cauterization                        |                       |    |                                |    |
| Nasal fracture, closed, open               |                       |    |                                |    |

**DELINEATION OF CLINICAL PRIVILEGES - Otorhinolaryngology - (continued)**

| Procedures                          | Credentialing Request |    | Recommendation by QM Committee |    |
|-------------------------------------|-----------------------|----|--------------------------------|----|
|                                     | Yes                   | No | Yes                            | No |
| Palatal biopsy                      |                       |    |                                |    |
| Palatal tori excision               |                       |    |                                |    |
| Parotidectomy                       |                       |    |                                |    |
| Rhinoplasty                         |                       |    |                                |    |
| Septoplasty                         |                       |    |                                |    |
| Septorhinoplasty                    |                       |    |                                |    |
| Sinus endoscopy                     |                       |    |                                |    |
| Sinus irrigation                    |                       |    |                                |    |
| Sinusotomy, frontal                 |                       |    |                                |    |
| Sinusotomy, maxillary               |                       |    |                                |    |
| Sinusotomy, sphenoid                |                       |    |                                |    |
| Stapedectomy                        |                       |    |                                |    |
| Submaxillary gland stone excision   |                       |    |                                |    |
| Submucous resection                 |                       |    |                                |    |
| Tonsillar tag excision              |                       |    |                                |    |
| Tonsillectomy, adult                |                       |    |                                |    |
| Tonsillectomy w/wo adenoidectomy    |                       |    |                                |    |
| Tympanoplasty                       |                       |    |                                |    |
| Vocal cord biopsy                   |                       |    |                                |    |
| X-ray interpretation, head and neck |                       |    |                                |    |
| Zygoma arch reduction               |                       |    |                                |    |
| Intravenous conscious sedation      |                       |    |                                |    |
| Nasal polypectomy                   |                       |    |                                |    |
| Otoplasty                           |                       |    |                                |    |
| Closure of tracheostomy stoma       |                       |    |                                |    |
|                                     |                       |    |                                |    |
|                                     |                       |    |                                |    |

*For Administrative Purposes Only*

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| Clinical privileges recommendations approved by Governing Body. _____<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Facility President</span> <span>Date</span> </div> |
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