

INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
 - You must meet the initial criteria detailed on the DOP
 - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
 - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)
- 7.

IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
<p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

IMAGE #2

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

Name _____

	YES		NO*	I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past two (2) years.
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***If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

- Initial appointment Reappointment Updated DOP Request for Clinical Privileges

To be eligible for core privileges in Otolaryngology-Head and Neck Surgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified by the American Board of Otolaryngology (ABOTO) or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery the applicant must:
1. Provide documentation of successful completion of an ACGME or AOA accredited residency training program in Otolaryngology, within the past five (5) years; **AND**
 2. Demonstrate performance of otolaryngology surgical procedures for least one hundred (100) patients in the past two (2) years in the areas of head and neck, plastic, reconstructive and otologic surgery. **OR**
- If the applicant is currently certified by the American Board of Otolaryngology (ABOTO) or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery, the applicant must:
1. Provide documentation of certification from the American Board of Otolaryngology (ABOTO) or American Osteopathic Board of Otolaryngology-Head and Neck Surgery; **AND**
 2. Demonstrate performance of otolaryngology surgical procedures for least one hundred (100) patients in the past two (2) years in the areas of head and neck, plastic, reconstructive and otologic surgery; **OR**
1. Otolaryngologists who are ACGME or AOA fellowship trained in Neurotology, Pediatrics and Plastic Surgery within the Head and Neck must demonstrate that they have managed at least one hundred (100) patients in their subspecialty during the past two (2) years.

Print Name _____

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Otolaryngology-Head and Neck Surgery at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		OTOLARYNGOLOGY-HEAD AND NECK SURGERY CORE PRIVILEGES
			N/A							CENT-1	Evaluate, diagnose, provide consultation and comprehensive medical and surgical care to patients of all ages, except as specifically excluded from practice, presenting with diseases, deformities or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also including cervical lymph node procedures such as modified and radical neck dissection. The core privileges in this specialty include other procedures that are extensions of the same techniques and skills.

Otolaryngology-Head and Neck Surgery Core Privileges include all forms of surgery involving the face, the auricle, the auditory canal, the tympanic membrane, the contents of the middle ear, the mastoid area, the upper aerodigestive tract and its contents (which includes the external and internal nose, the paranasal sinuses, the pharynx (naso-, oro- and hypopharynx), parotidectomy, stapedotomy/stapedectomy, the oral cavity (including the lips, tongue and palate, but excluding dental unless part of a resection of surrounding structures), and the larynx, all forms of surgery involving the trachea, bronchus and esophagus, and the neck and its contents (including the muscles, thyroid, parathyroids, salivary glands, lymph nodes, vessels and other soft tissues but excluding the spine), performance of procedures using direct and indirect visualization, and computer image guidance; use of flaps (local and regional) and implantation of autogenous, homologous, and allograft grafts, including the harvesting of graft material; removal of foreign objects; cosmetic procedures of the above structures; reconstructive procedures of the above structures including repair of bone and cartilage fractures, lacerations, tracheostomy, drainage of deep neck abscesses, parotid surgery, and use of adjunct energy sources such as lasers and cryosurgery.

Maintenance Criteria for Continued Privileges (CENT-1):

The Physician must submit a minimum of ten (10) cases representative of Otolaryngology-Head and Neck Surgery Core Privileges over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	(CENT-1) SPECIAL PROCEDURES Must apply for and maintain an Otolaryngology Core Privilege	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A				N/A	N/A		CENT-1(a)* Hypoglossal nerve implant	3		

Maintenance Criteria for Continued Privileges (CENT-1a):

The Physician must submit a minimum of three (3) Hypoglossal nerve implant cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland	CORE PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CENT-8 Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

To be eligible for Neurotology Core Privileges, the applicant must meet the following qualifications:

1. Provide documentation of successful completion of an ACGME or AOA accredited Neurotology fellowship training program, within the past five (5) years; **OR**
1. Provide documentation of current certification in Neurotology by the AMBS or AOA; **AND**
2. Demonstrate performance of at least one hundred (100) Neurotology procedures within the past two (2) years.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		NEUROTOLOGY CORE PRIVILEGES
			N/A							CENT-2	Evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with diseases and disorders of the inner ear (both cochlear and vestibular), skull base, petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (e.g., vestibular nerve section and joint neurosurgical-neurotological resection of intradural VIII nerve tumors), and lateral skull base (including the occipital bone, sphenoid bone, temporal bone, mesial aspect of the dura and intradural management), in conjunction with neurological surgery. The core privileges in this specialty include other procedures that are extensions of the same techniques and skills. Please note: Also includes all privileges contained within CENT-1.

NOTE: Neurotology Core Privileges include petrous apex procedures; facial nerve decompression and graft and/or repair; partial or total temporal bone resection; vestibular nerve section (translabyrinthine and retrolabyrinthine approach); cerebellopontine angle tumor removal (translabyrinthine, retrolabyrinthine, and middle fossa approaches, and suboccipital approach with neurosurgical collaboration); implantation of bone conduction hearing devices; middle ear hearing devices and cochlear implants; excision of jugular foramen tumors; endolymphatic sac procedures; labyrinthectomy; and aural atresia repair.

Maintenance Criteria for Continued Privileges (CENT-2):

The Physician must submit a minimum of ten (10) cases representative of Neurotology Core Privileges over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

Special Procedures of the Ear (CENT-6) may be applied for by those Physicians who do not meet the eligibility criteria for Neurotology Core Privileges (CENT-2).

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	(CENT-6) SPECIAL PROCEDURES OF THE EAR Must apply for and maintain an Otolaryngology Core Privilege	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CENT-6(a)* Cochlear Implant	2		
			N/A							CENT-6(b)* Facial Nerve Repair/ /decompression/graft	2		
			N/A							CENT-6(c)* Temporal Bone Resection, partial or complete	2		
			N/A							CENT-6(d)* Implantation, bone conduction hearing device	2		
			N/A							CENT-6(e)* Endolymphatic sac procedures	2		
			N/A							CENT-6(f)* Implantation, middle ear hearing device	2		
			N/A							CENT-6(g)* Excision, jugular foramen tumor	2		

Print Name _____

To be eligible for Pediatric Otolaryngology-Head and Neck Surgery Core Privileges, the applicant must meet the following qualifications:

1. Provide documentation of successful completion of an ACGME or AOA accredited Pediatric Otolaryngology-Head and Neck Surgery fellowship training program, within the past five (5) years; **OR**
1. Provide documentation of current certification in Pediatric Otolaryngology-Head and Neck Surgery by the ABMS or AOA; **AND**
2. Demonstrate performance of at least one hundred (100) Pediatric Otolaryngology-Head and Neck Surgery procedures within the past two (2) years.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		PEDIATRIC OTOLARYNGOLOGY-HEAD AND NECK SURGERY CORE PRIVILEGES
			N/A	N/A						CENT-3	Evaluate, diagnose, consult and provide medical and surgical care to from birth to adolescents with illnesses, injuries and disorders that include congenital and acquired conditions involving the aero digestive tract, nose and para nasal sinuses, the ear, upper alimentary systems and other areas of the head and neck. The core privileges in this specialty include but are not limited to: childhood disorders of voice, speech, language and hearing and other procedures that are extensions of the same techniques and skills. Please note: Also includes all privileges contained within CENT-1.

NOTE: Pediatric Otolaryngology-Head and Neck Surgery Core Privileges include choanal atresia repair; cleft lip repair, cleft palate repair, and all of the following for birth to adolescents: angiofibroma removal; laryngeal reconstructive procedures; tracheostomy and tracheoplasty; treatment of subglottic stenosis; velopharyngeal flap; palatal pushback; thyroid surgery; parathyroid surgery; trans-sphenoidal removal of pituitary tumor (collaborate with neurosurgeon), drainage of deep neck abscesses, parotid surgery, major neck surgery; laryngectomy; radical/modified neck dissection; and transphenoidal resection of pituitary tumor with neurosurgeon.

Maintenance Criteria for Continued Privileges (CENT-3):

The Physician must submit a minimum of ten (10) cases representative of Pediatric Otolaryngology-Head and Neck Surgery Core Privileges over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

To be eligible for Facial Plastic Surgery within the Head and Neck Surgery Core Privileges, the applicant must meet the following qualifications:

1. Provide documentation of successful completion of an ACGME or AOA accredited Facial Plastic Surgery within the Head and Neck Surgery fellowship training program, within the past five (5) years; **OR**
1. Provide documentation of current certification in Facial Plastic Surgery within the Head and Neck Surgery by the ABMS or AOA; **AND**
2. Demonstrate performance of at least one hundred (100) Plastic Surgery within the Head and Neck Surgery procedures within the past two (2) years.

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		FACIAL PLASTIC SURGERY WITHIN THE HEAD AND NECK CORE PRIVILEGES
			N/A							CENT-4	Evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with conditions or disorders requiring reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft-tissue repair and neural surgery. The core privileges in this specialty include other procedures that are extensions of the same techniques and skills. Please note: Also includes all privileges contained within CENT-1.

NOTE: Facial Plastic Surgery within the Head and Neck Core Privileges include the following procedures in the head and neck region: cleft lip repair, cleft palate repair, accessory-facial nerve transfer; blepharoplasty; brow lift; chemical peel; dermabrasion; endoscopic facial surgery; cosmetic surgery; rhytidectomy; mentoplasty; otoplasty; correction of aural atresia; implantation of autogenous and allograft material; repair of lacerations; fascial sling procedures; hair transplantation, punch or strip; hypoglossal-facial nerve transfer; liposuction or lipo-injection procedure for contour restoration in the head and neck; orthognathic surgery; reconstruction aural microtia; reconstruction eyelid; ptosis repair; scar revisions; removal and reconstruction of facial lesions; upper eyelid weight placement; skin grafts; osteoplastic procedures of the mandible and facial skeleton; insertion/removal of tissue expanders; velopharyngeal push-pack (adolescents and greater); regional pedicle/rotational flaps; facial skin cancer excision, reconstruction.

Maintenance Criteria for Continued Privileges (CENT-4):

The Physician must submit a minimum of ten (10) cases representative of Facial Plastic Surgery within the Head and Neck Core Privileges over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	SPECIAL PROCEDURES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							FACIAL PLASTIC SURGERY Must apply for and maintain Facial Plastic Surgery within the Head and Neck Core Privileges (CENT-4)			
										CENT-4(a)* Facial nerve rehabilitation procedures	1		

To be eligible for Head and Neck Surgical Oncology Core Privileges (CENT-5), the applicant must meet the following qualifications:

1. Provide documentation of successful completion of an ACGME or AOA accredited Head and Neck Surgical Oncology fellowship training program, within the past five (5) years; **OR**
1. Provide documentation of current certification in Head and Neck Surgical Oncology by the ABMS or AOA; **AND**
2. Demonstrate performance of at least one hundred (100) Head and Neck Surgical Oncology procedures within the past two (2) years.

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		HEAD AND NECK SURGICAL ONCOLOGY CORE PRIVILEGES
			N/A							CENT-5	Evaluate, diagnose, treat and provide consultation to patients of all ages, presenting with neoplastic conditions or disorders requiring ablative, extirpative, or reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft-tissue repair and neural surgery. The core privileges in this specialty include other procedures that are extensions of the same techniques and skills. Please note: Also includes all privileges contained within CENT-1.

NOTE: Head and Neck Surgical Oncology Core Privileges include the following procedures in the head and neck region: Microvascular free flap reconstruction of the head and neck; Radical/Modified neck dissection, adolescent and greater; Excision angiofibroma, adolescent and greater; Frontal sinus obliteration/ablation, adolescent and greater; Transphenoidal resection of pituitary tumor, with neurosurgeon – adolescent and greater; Cranial Nerve repair; Partial/total maxillectomy; Infratemporal fossa approach to skull base; Pharyngolaryngectomy, adolescent and greater; Partial/total laryngectomy, adolescent and greater; Recurrent laryngeal nerve procedure; Tracheo-esophageal fistula creation, repair; and Facial nerve decompression/graft/repair.

Maintenance Criteria for Continued Privileges (CENT-5):

The Physician must submit a minimum of ten (10) cases representative of Head and Neck Surgery Oncology Core Privileges over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	(CENT-7) SPECIAL PROCEDURES Must apply for and maintain an Otolaryngology Core Privilege	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CENT-7(a) *	Percutaneous Endoscopic Gastrostomy (PEG)	5	
			N/A							CENT-7(b) *	Permanent (or semi-permanent) Indwelling Venous Pocket Catheter Placement	10	

Maintenance Criteria for Continued Privileges (CENT-7):

The Physician must submit a representative sample of a minimum of five (5) cases, to include at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	(CENT-7) SPECIAL PROCEDURES Must apply for and maintain an Otolaryngology Core Privilege	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	N/A			N/A			CENT-7(c)* da Vinci Robotic-Assisted Surgery	See Criteria		

CENT-7(c) DA VINCI ROBOTIC-ASSISTED SURGERY

DEFINITION:

The da Vinci surgical system itself is a large console, controlled by the surgeon, with three interactive robotic arms, specialized surgical instrumentation, and a high-performance video system. The video system provides surgeons with a highly magnified, three-dimensional view of a patient's interior, while the surgical instrumentation allows for improved precision and manipulation in tight spaces.

SKILLS AND TRAINING NEEDED:

The applicant must meet the following:

1. Currently eligible for certification by the American Board of Otolaryngology or by the American Osteopathic Association (AOA) in Otolaryngology; **AND**
2. Current privileges to perform the procedure open; **AND**
3. Provide documentation of successful completion of a ACGME or AOA accredited Residency or Fellowship program where da Vinci was included in the training; **AND**
4. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in da Vinci and has proficiently performed three (3) cases within the past two (2) years; **OR**
4. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years.

OR

1. Currently certified or eligible for certification by the American Board of Otolaryngology or by the American Osteopathic Association (AOA) in Otolaryngology; **AND**
2. Current privileges to perform the procedure open; **AND**
3. Documentation of successful completion of a formal course on the da Vinci system offered through Intuitive Surgical; **AND**
4. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases; **OR**
4. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CENT-7(c)):

The Physician must submit a minimum of five (5) procedures performed over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

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CENT-4(a) FACIAL NERVE REHABILITATION PROCEDURES

QUALIFICATIONS:

1. Physicians must apply for and meet the necessary criteria to be granted privileges for Facial Plastic Surgery Core Privileges (CENT-4); **AND**
2. Documentation of current competence and successful performance of at least two (2) procedures within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Facial Nerve Rehabilitation Procedures. You must provide documentation of proctoring for two (2) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform at least one (1) of each privilege held over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CENT-6 EAR - SPECIAL PROCEDURES

QUALIFICATIONS:

1. Physicians must apply for and meet the necessary criteria to be granted privileges for Core Privileges; **AND**
2. Documentation of current competence and successful performance of at least two (2), performed in the past two (2) years, of each Ear special procedure being requested; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure. You must provide documentation of proctoring for two (2) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform at least one (1) of each privilege held over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CENT-6(a))
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