

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

Applicant's Signature	Date
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Printed Name: _____

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	
	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 sphenoideotomy		
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	
	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		