
Applicant Name

St. Elizabeth Healthcare
Otolaryngology

Minimum Requirements

Degree required: MD or DO
Successful completion of ACGME or AOA approved residency training program in otolaryngology-head and neck surgery

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in otolaryngology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

Privileges Requested

I. Core Privileges: Core privileges in otolaryngology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

<u>Request</u>	<u>Description of Privilege</u>
_____	Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine <i>or</i> (b) current ACLS Certification <i>or</i> (c) satisfactory completion of the ASA Moderate Sedation course).
_____	Admit patients; perform histories and physicals; workup, diagnose, and provide nonsurgical and surgical care to patients presenting with illnesses, injuries, and disorders that affect the ears, the respiratory and upper alimentary systems, and related structures of the head and neck. Core privileges also include operative intervention and related preoperative and postoperative care of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states including: temporary bone surgery, paranasal sinus and nasal surgery, maxillofacial surgery including the orbits and facial skeleton, aesthetic, plastic and reconstructive surgery of the face, head, and neck; surgery of the thyroid, parathyroid, pituitary, and salivary glands; head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms; endoscopy, both

diagnostic and therapeutic; surgery of the lymphatic tissue of the head and neck.

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

<u>Request</u>	<u>Description of Privilege</u>
_____	KTP laser surgery
_____	CO ₂ laser surgery
_____	Fluoroscopy-assisted procedures
	Radiation Safety certification required.

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: