DELINEATION OF CLINICAL PRIVILEGES - OTOLARYNGOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

GENERAL: The Otolaryngologist- Head and Neck Surgeon is a physician who provides comprehensive medical and surgical care of patients with diseases and disorders of the head and neck (i.e., the ear, nose and throat), excluding primary treatment of diseases of the brain, eye, teeth, carotid artery, and cervical spine. The following is a list of disorders, defects, and abnormalities treated and managed by the otolaryngologist. This list is neither inclusive or exclusive.

NOTE: This document is to be used in conjunction with DA Form 5440-13, Delineation of Clinical Privileges - General Surgery.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Requested	Approved	Otology
		a. Excision of temporal bone and external ear benign and malignant lesions
		b. Reconstruction of middle and external ear structures
		c. Facial nerve repair, decompression, and rerouting
		d. Mastoidectomy, endolymphatic sac surgery, labyrinthectomy
		e. With operative neurosurgical participation, translabyrinthine and cranial fossa approaches to the internal auditory canal
		f. Audiant implantable hearing device
		g. Cochlear implantation
		h. Canal hearing aid recontouring procedure
		Nose and Paranasal Sinuses
		a. Surgery for airway obstruction and correction of functional, congenital and cosmetic deformities
		b. Procedures on maxillary, frontal, sphenoidal, ethmoidal disease
		c. Evaluation and treatment of upper respiratory allergic disorders
		Head and Neck
		a. Excision of benign and malignant lesions of skin, salivary glands, thyroid glands, para-thyroid glands, oral cavity, pharynx, larynx, lymphatic system, cervical esophagus and neck, cervical trachea including major ablative cancer surgery
		b. Repair or reconstruction of traumatic, anatomical, or surgical defects, including use of microsurgical techniques

Requested	Approved	Facial Plastic and Reconstructive Procedures
		a. Scar revision, excision of benign and malignant lesions
		b. Blepharoplasty, rhytidoplasty, chemical peel, dermabrasion, brow lift, uvulopharyngopalatoplasty
		c. Repair of lacerations, skin and muscle flaps, use of implants above the clavicle
		Maxillofacial and Head & Neck Trauma
		a. Repair of and reconstruction of injuries of the soft tissue and bone of the facial skeleton, head and neck
		Broncho-Esophagology
		a. Use of panendoscopy in the evaluation of head and neck cancer patients
		b. Foreign body removal
		c. Other diagnostic and therapeutic endoscopy for disorders of the larynx, trachea, bronchi, and cervical esophagus
		Allergy
		a. Immunotherapy of upper respiratory allergic disorders
		Other
		a. Microvascular flap reconstruction
		b. Administration of conscious sedation

LASER PRIVILEGES

Requests for laser privileges may require attendance at a formal laser training program(s), supporting documentation of training, experience, etc., acknowledgement of receipt of the MTF laser policy and procedural guidance, and review and approval by appropriate MTF personnel with oversight responsibility for laser therapy. The necessary documentation in support of this request is attached.

Requested						Approved
CO2	KTP	ND:YAG				
					a. Oral cavity, pharyngeal procedures	
					b. Laryngeal/tracheal procedures	
					c. Excision of bronchial tumors w/rigid bronchoscope	
					d. Resection of head & neck tumors	
					e. Otologic procedures	

COMMENTS

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - OTOLARYNGOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Otology			
	a. Excision of temporal bone and external ear benign and malignant lesions			
	b. Reconstruction of middle and external ear structures			
	c. Facial nerve repair, decompression, and rerouting			
	d. Mastoidectomy, endolymphatic sac surgery, labyrinthectomy			
	e. With operative neurosurgical participation, translabyrinthine and cranial fossa approaches to the internal auditory canal			
	f. Audiant implantable hearing device			
	g. Cochlear implantation			
	h. Canal hearing aid recontouring procedure			
	Nose and Paranasal Sinuses			
	a. Surgery for airway obstruction and correction of functional, congenital and cosmetic deformities			
	b. Procedures on maxillary, frontal, sphenoidal, ethmoidal disease			
	c. Evaluation and treatment of upper respiratory allergic disorders			
	Head and Neck			
	a. Excision of benign and malignant lesions of skin, salivary glands, thyroid glands, parathyroid glands, oral cavity, pharynx, larynx, lymphatic system, cervical esophagus and neck, cervical trachea including major ablative cancer surgery			
	b. Repair or reconstruction of traumatic, anatomical, or surgical defects, including use of microsurgical techniques			
	Facial Plastic and Reconstructive Procedures			
	a. Scar revision, excision of benign and malignant lesions			
	b. Blepharoplasty, rhytidoplasty, chemical peel, dermabrasion, brow lift, uvulopharyngopalatoplasty			
	c. Repair of lacerations, skin and muscle flaps, use of implants above the clavicle			
	Maxillofacial and Head & Neck Trauma			
	a. Repair of and reconstruction of injuries of the soft tissue and bone of the facial skeleton, head and neck			
	Broncho-Esophagology			
	a. Use of panendoscopy in the evaluation of head and neck cancer patients			
	b. Foreign body removal			
	c. Other diagnostic and therapeutic endoscopy for disorders of the larynx, trachea, bronchi, and cervical esophagus			
	Allergy			
	a. Immunotherapy of upper respiratory allergic disorders			

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Other			
	a. Microvascular flap reconstruction			
	b. Administration of conscious sedation			
	LASER PRIVILEGES			
	a. Oral cavity, pharyngeal procedures			
	b. Laryngeal/tracheal procedures			
	c. Excision of bronchial tumors w/rigid bronchoscope			
	d. Resection of head & neck tumors			
	e. Otologic procedures			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*