

Otolaryngology-Head and Neck Surgery Clinical Privileges

Name: _____
Effective from ____/____/____ to ____/____/____

- Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: February 18, 2015.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

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Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Description

Otolaryngology – Head and Neck Surgery is that branch of medicine concerned with the screening, diagnosis, and management of medical and surgical disorders of the ear, upper aerodigestive tract, and structures of the head, face and neck, including the special senses of hearing, balance, taste and olfaction.

Qualifications for Otolaryngology-Head and Neck Surgery

Initial privileges: To be eligible to apply for privileges in Otolaryngology-Head and Neck surgery, the applicant should meet the following criteria:

Certification as an Otolaryngologist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Recognition as an Otolaryngologist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: At least 75 Otolaryngology-Head and Neck Surgery procedures OR a minimum of 150 operative hours (an average of one operative day per month) as the primary surgeon over the past 24 months, reflective of the scope of privileges requested, OR successful completion of a residency or clinical fellowship within the past 24 months. Exceptional circumstances will be reviewed by the Department Head and/or delegate.

Renewal of privileges: Sufficient experience (at least 75 otolaryngology-head and neck surgery procedures or a minimum of 150 operative hours (an average of one operative day per month) as the primary surgeon over the past 36 months as a full-time equivalent or in proportion as part-time), reflective of the scope of privileges requested, based on results of on-going professional practice evaluation and outcomes acceptable to the

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department head and/or delegate. Exceptional circumstances will be reviewed by the department head and/or delegate.

Return to practice:

- Satisfy CPSBC requirements for licensure
- Subject to evaluation of need for and content of 'retraining' by the Otolaryngology –Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds core privileges in Otolaryngology-Head and Neck Surgery for a period of time sufficient for the mentor to attest to competence.

Core Privileges: Otolaryngology-Head and Neck Surgery

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

Requested Evaluate, diagnose, and provide consultation and comprehensive medical and surgical care to patients presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, 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 balance, and voice are also included. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

- Requested: Full Admitting**

Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that a recently graduated resident in this specialty at this



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organization would competently perform and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

Head and Neck Surgery

- Fine needle aspiration
- Glossectomy - partial
- Lymph node biopsy
- Parathyroidectomy
- Parotidectomy
- Sublingual gland excision
- Submandibular gland excision
- Thyroidectomy
- Tracheotomy
- Zenker's diverticulum

Pediatric OTL-HNS

- Branchial cleft cyst excision
- Branchial sinus excision
- Frenuloplasty
- Preauricular cyst / sinus excision
- Ranula excision
- Thyroglossal duct cyst excision

Facial Plastics and Reconstructive Surgery

- Biopsy skin lesions in head and neck, incisional/excisional
- Blepharoplasty, upper
- Cheiloplasty
- Facial fracture repair
- Facial laceration
- Facial nerve repair
- Soft tissue augmentation, including injectables

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- Skin grafts
- Nasal fracture repair
- Neuromodulators, injectable (i.e. botulinum toxin)
- Otoplasty
- Palatoplasty
- Pharyngeal flap
- Scar revision
- Soft tissue reconstruction using local flaps
- Rhinoplasty
- Tarsorrhaphy

Rhinology

- Open sinus surgery (ie. Caldwell Luc; frontal trephination)
- Epistaxis control (endoscopic ethmoid artery cauterization; sphenopalatine artery ligation/cauterization)
- Nasal septum surgery (septoplasty)
- Nasal polypectomy
- Nasal tumour excision – uncomplicated (without proximity to the eyes and/or cranial base)
- Emergent orbital decompression for intra-orbital hematoma
- Rhinotomy
- Septal button insertion
- Sinus surgery, endoscopic (ethmoidectomy, maxillary sinus antrostomy, sphenoidotomy)
- Turbinoplasty (submucosal resection, ablation...)
- Turbinectomy (partial or total)

Laryngology

- Direct microlaryngoscopy with biopsy or excision of lesion, or injection/augmentation
- Direct microlaryngoscopy with laser
- Repair of laryngeal fracture

Otology

- Canaloplasty
- Mastoidectomy (including meatoplasty)

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- Meatoplasty
- Middle ear exploration/tympanotomy
- Ossiculoplasty
- Osteoma excision
- Tympanoplasty

General OTL-HNS

- Adenoidectomy
- Airway foreign body
- Biopsy incisional/excisional and needle
- Bronchoscopy, diagnostic and therapeutic (patient greater than 3 years old)
- Control post-tonsillectomy bleed
- Esophagoscopy, diagnostic and therapeutic
- Foreign body removal – ear/nose/throat
- Fistula repair - tracheocutaneous
- Hematoma evacuation (neck; nasal septal)
- I&D abscess in head and neck
- Myringotomy with tubes
- Penetrating neck trauma exploration
- Sublingual gland excision
- Submandibular gland excision
- Tonsillectomy
- Uvulopalatopharyngoplasty

Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

Advanced Head and Neck Surgery

- Requested Neck dissection



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- Requested** Glossectomy – subtotal/total
- Requested** Laryngectomy
- Requested** Transoral laser microsurgery for neoplasm
- Requested** Composite resection of mandible/neck
- Requested** Maxillectomy with/without orbital exentration
- Requested** Parapharyngeal mass excision
- Requested** Pharyngoesophagectomy/esophagectomy
- Requested** Substernal/trans-sternal mediastinal dissection
- Requested** Microvascular free flap reconstruction of head and neck defects
- Requested** Transoral robotic surgery
- Requested** Other (please add)

Initial privileges: completion of fellowship in head and neck surgery
OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures
OR have held this privilege prior to 05-2015,

AND

Recommended current experience: Performance of a minimum of 5 advanced head and neck surgery procedures in the previous 24 months, OR successful completion of a clinical fellowship within the past 24 months.

Renewal of privileges:

- Recommended current experience of a minimum of 10 advanced head and neck surgery procedures over the past 36 months with skill evaluated through professional practice evaluation and outcomes acceptable to the department head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to advanced head and neck surgery over the past 36 months including:
 - Attendance in scientific meeting in advanced head and neck surgery, or
 - Completion of a hands-on course in advanced head and neck surgery, or
 - Participate in peer observation (observer/observed) of advanced head and neck surgery procedures, or
 - Editor or reviewer of articles in advanced head and neck surgery, or
 - Invited speaker on advanced head and neck surgery topic

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- Active involvement in peer reviewed mortality and morbidity review/ quality assurance

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds non-core privileges in Advanced Head and Neck Surgery for a period of time sufficient for the mentor to attest to competence.

Advanced Pediatric OTL-HNS

- Requested** Choanal atresia repair
- Requested** Cleft lip repair
- Requested** Cleft palate repair
- Requested** Laryngotracheal reconstruction
- Requested** Lymphangioma excision
- Requested** Lymphangioma sclerotherapy
- Requested** Recon. congenital aural atresia
- Requested** Tracheotomy newborn and neonatal
- Requested** Vascular anomalies excision and repair
- Requested** Endoscopic laryngeal surgery
- Requested** Diagnostic bronchoscopy in age less than 3 years
- Requested** Airway foreign body in age less than 3 years
- Requested** Other (please add)

Initial privileges: completion of fellowship in pediatric otolaryngology surgery
OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures
OR have held this privilege prior to 05-2015,

AND

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Recommended current experience: Performance of a minimum of 5 advanced pediatric otolaryngology surgery procedures in the previous 24 months, OR successful completion of a clinical fellowship within the past 24 months.

Renewal of privileges:

- Recommended current experience of a minimum of 10 advanced pediatric otolaryngology surgery procedures over the past 36 months with skill evaluated through professional practice evaluation and outcomes acceptable to the department head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to advanced pediatric otolaryngology surgery over the past 36 months including:
 - Attendance in scientific meeting in advanced pediatric otolaryngology surgery, or
 - Completion of a hands-on course in advanced pediatric otolaryngology surgery, or
 - Participate in peer observation (observer/observed) of advanced pediatric otolaryngology surgery procedures, or
 - Editor or reviewer of articles in advanced pediatric otolaryngology surgery, or
 - Invited speaker on advanced pediatric otolaryngology surgery topic
- Active involvement in peer reviewed mortality and morbidity review/ quality assurance

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds non-core privileges in Paediatric Otolaryngology-Head and Neck Surgery for a period of time sufficient for the mentor to attest to competence.

Advanced Facial Plastics and Reconstructive Surgery

- Requested Blepharoplasty, lower
- Requested Brow Lift

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- Requested** Facial nerve injury rehabilitation procedures (facial sling; cross-face grafts)
- Requested** Gold weight insertion
- Requested** Hair transplant
- Requested** Liposuction
- Requested** Mentoplasty/chin augmentation
- Requested** Nasal valve reconstruction
- Requested** Resurfacing techniques of the face and neck
- Requested** Rhytidectomy
- Requested** Other (please add)

Initial privileges: completion of fellowship in facial plastics and reconstructive surgery
OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures
OR have held this privilege prior to 05-2015,

AND

Recommended current experience: Performance of a minimum of 5 advanced facial plastics and reconstructive surgery procedures in the previous 24 months, OR successful completion of a clinical fellowship within the past 24 months.

Renewal of privileges:

- Recommended current experience of a minimum of 10 advanced facial plastics and reconstructive surgery procedures over the past 36 months with skill evaluated through professional practice evaluation and outcomes acceptable to the department head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to advanced facial plastics and reconstructive surgery over the past 36 months including:
 - Attendance in scientific meeting in advanced facial plastics and reconstructive surgery, or
 - Completion of a hands-on course in advanced facial plastics and reconstructive surgery, or
 - Participate in peer observation (observer/observed) of advanced facial plastics and reconstructive surgery procedures, or

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- Editor or reviewer of articles in advanced facial plastics and reconstructive surgery, or
- Invited speaker on advanced facial plastics and reconstructive surgery topic
- Active involvement in peer reviewed mortality and morbidity review/ quality assurance

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds non-core privileges in Facial Plastic and Reconstructive Surgery for a period of time sufficient for the mentor to attest to competence.

Advanced Rhinology

- Requested** CSF leak repair (spontaneous or post-traumatic), transnasal
- Requested** Dacryocystorhinostomy
- Requested** Endoscopic skull-base surgery
- Requested** Optic nerve decompression
- Requested** Pituitary excision, transnasal approach
- Requested** Piriform aperture stenosis repair
- Requested** Sinus surgery open for sinonasal tumour
- Requested** Nasal valve reconstruction
- Requested** Nasal tumour excision – complicated (tumour in proximity to the eyes and/or cranial base)
- Requested** Other (please add)

Initial privileges:

Completion of fellowship in rhinology

OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures

OR have held this privilege prior to 05-2015,

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AND

Recommended current experience:

Performance of a minimum of 5 advanced rhinology surgery procedures in the previous 24 months,

OR successful completion of a clinical fellowship within the past 24 months,

OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures within the past 24 months

Renewal of privileges:

- Recommended current experience of a minimum of 10 advanced rhinology surgery procedures over the past 36 months with skill evaluated through ongoing professional practice evaluation and outcomes acceptable to the department head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to Rhinology over the past 36 months including:
 - Attendance at a scientific meeting in Rhinology, or
 - Completion of a hands-on course in Rhinology, or
 - Participate in peer observation (observer/observed) of advanced rhinology surgery procedures, or
 - Editor or reviewer of articles/book chapters in Rhinology, or
 - Invited speaker on a Rhinology topic
- Active involvement in peer reviewed mortality and morbidity review/quality assurance program

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds non-core privileges in Advanced Rhinology for a period of time sufficient for the mentor to attest to competence.

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Advanced Laryngology

- Requested** Arytenoid adduction
- Requested** Arytenoidectomy / arytenoidpexy
- Requested** Cricopharyngeal myotomy
- Requested** Laryngocele / saccular cyst excision
- Requested** Laryngofissure
- Requested** Laryngotracheoplasty
- Requested** Subglottic dilation
- Requested** Supraglottoplasty
- Requested** Thyroplasty
- Requested** Other (please add)

Initial privileges: completion of fellowship in laryngology surgery
OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures
OR have held this privilege prior to 05-2015,

AND

Recommended current experience: Performance of a minimum of 5 advanced laryngology surgery procedures in the previous 24 months, OR successful completion of a clinical fellowship within the past 24 months.

Renewal of privileges:

- Recommended current experience of a minimum of 10 advanced laryngology surgery procedures over the past 36 months with skill evaluated through professional practice evaluation and outcomes acceptable to the Department Head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to advanced laryngology surgery over the past 36 months including:
 - Attendance in scientific meeting in advanced laryngology surgery, or
 - Completion of a hands-on course in advanced laryngology surgery, or
 - Participate in peer observation (observer/observed) of advanced laryngology surgery procedures, or

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- Editor or reviewer of articles in advanced laryngology surgery, or
- Invited speaker on advanced laryngology surgery topic
- Active involvement in peer reviewed mortality and morbidity review/ quality assurance

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds non-core privileges in Advanced Laryngology for a period of time sufficient for the mentor to attest to competence.

Advanced Otology

- Requested** Bone conduction hearing implants (BAHA, Attract, Bonebridge, etc.)
- Requested** Exostosis of external auditory canal, excision
- Requested** Surgery for cancer of the ear canal and pinna
- Requested** Stapedectomy/stapedotomy (including use of laser)
- Requested** Other (please add)

Initial privileges: completion of fellowship in Otology

OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures

OR have held this privilege prior to 05-2015,

AND

Recommended current experience: Performance of a minimum of 5 advanced otology surgery procedures in the previous 24 months, OR successful completion of a clinical fellowship within the past 24 months.

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Renewal of privileges:

- Recommended current experience of a minimum of 10 advanced otology surgery procedures over the past 36 months with skill evaluated through professional practice evaluation and outcomes acceptable to the department head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to advanced otology surgery over the past 36 months including:
 - Attendance in scientific meeting in advanced otology surgery, or
 - Completion of a hands-on course in advanced otology surgery, or
 - Participate in peer observation (observer/observed) of advanced otology surgery procedures, or
 - Editor or reviewer of articles in advanced otology surgery, or
 - Invited speaker on advanced otology surgery topic
- Active involvement in peer reviewed mortality and morbidity review/quality assurance

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds non-core privileges in Advanced Otology for a period of time sufficient for the mentor to attest to competence.

Neuro-Otology

- Requested** Cochlear implantation
- Requested** CPA tumour excision
- Requested** Facial nerve decompression - transmastoid
- Requested** Tumour excision from middle ear/mastoid (i.e. paraganglioma; adenoma)
- Requested** Superior semicircular canal dehiscence repair/plugging
- Requested** Posterior semicircular canal occlusion for persistent BPPV
- Requested** Vestibular surgery (vestibular nerve section, mastoid-endolymphatic sac surgery)
- Requested** Other (please add)

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Initial privileges: completion of fellowship in neuro-otology
OR successful completion of an academically accredited training program with a letter of attestation of skill by the program director for the requested advanced procedures
OR have held this privilege prior to 05-2015,

AND

Recommended current experience: Performance of a minimum of 5 advanced neuro-otology surgery procedures in the previous 24 months, OR successful completion of a clinical fellowship within the past 24 months.

Renewal of privileges:

- Recommended current experience of a minimum of 10 advanced neuro-otology surgery procedures over the past 36 months with skill evaluated through professional practice evaluation and outcomes acceptable to the department head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to advanced neuro-otology surgery over the past 36 months including:
 - Attendance in scientific meeting in advanced neuro-otology surgery, or
 - Completion of a hands-on course in advanced neuro-otology surgery, or
 - Participate in peer observation (observer/observed) of advanced neuro-otology surgery procedures, or
 - Editor or reviewer of articles in advanced neuro-otology surgery, or
 - Invited speaker on advanced neuro-otology surgery topic
- Active involvement in peer reviewed mortality and morbidity review/quality assurance

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds non-core privileges in Advanced Neuro-Otology for a period of time sufficient for the mentor to attest to competence.

Otolaryngology-Head and Neck Surgery Clinical Privileges

Advanced Other OTL-HNS

- Requested** Duct ligation (Salivary gland duct excision)
- Requested** Fistula repair, tracheo-innominate
- Requested** Maxillomandibular advancement
- Requested** Sialendoscopy
- Requested** Sleep surgery (other than uvulopalatopharyngoplasty)
- Requested** Submandibular rerouting
- Requested** Styloid process removal – transoral
- Requested** TMJ arthroscopy
- Requested** Tongue base reduction
- Requested** Tongue reduction
- Requested** Other (please add)

Initial privileges: Successful completion of an academically accredited training program in the advanced procedure with a letter of attestation of skill by the program director for the requested advanced procedures
OR have held this privilege prior to 05-2015,

AND

Recommended current experience: Performance of a minimum of 5 advanced surgery procedures in the previous 24 months, OR successful completion of a clinical fellowship within the past 24 months.

Renewal of privileges:

- Recommend current experience of a minimum of 10 advanced procedures over the past 36 months with competency evaluated through professional practice evaluation and outcomes acceptable to the department head.
- Minimum of 10 accredited and documented CME/CPD hours at sessions devoted to the advanced procedure(s) over the past 36 months including:
 - Attendance in scientific meeting in advanced procedure(s), or
 - Completion of a hands-on course in advanced procedure(s), or
 - Participate in peer observation (observer/observed) of advanced procedure(s), or
 - Editor or reviewer of articles in advanced procedure(s), or
 - Invited speaker on advanced procedure topic

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- Active involvement in peer reviewed mortality and morbidity review/quality assurance

Return to practice:

- Subject to evaluation of need and content for retraining by the Otolaryngology – Head and Neck Surgery Division Head
- As a minimum, evaluation by a colleague who holds the requested non-core privileges in Otolaryngology-Head and Neck Surgery for a period of time sufficient for the mentor to attest to competence.

Context Specific Privileges

Context refers to the capacity of a facility to support an activity.

Context specific privileges: Administration of procedural sedation

Requested

See “Hospital Policy for Sedation and Analgesia by Non-anesthesiologists.”

For Reference Only

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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

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Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____