

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 OTOLARYNGOLOGY

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Otolaryngology			
Audiometry			
Bronchoscopy--Esophagoscopy--flexible			
Bronchoscopy--Esophagoscopy--rigid			
Nasopharyngoscopy			
Mediastinoscopy			
Pediatric endoscopy			
Degenerative diseases ear, nose and throat surgery			
Congenital otolaryngological anomalies surgery			
Cervical esophagus surgery			
Laryngo-tracheostomy			
Microvascular surgery involving use of operative microscope			
Otolaryngologic trauma surgery and reconstructive surgery			
Otolaryngologic malignancies and benign tumors surgery			
Surgery of the facial nerve testing smell and taste			
Thyroid gland surgery			
Vestibulometry			
NON CORE PRIVILEGES:			
Facial surgery including rhinoplasty, blepharoplasty, rhytidectomy, brow lifting, scar revision, suction lipolysis			
Head and neck oncologic surgery			
Laser Surgery			
Pituitary transnasal surgery			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature Date