

Click to Request	Privilege Description	Qualifications
	<p>Otolaryngology Core:</p> <p>Admission, history and physical, evaluation, diagnosis, provision of treatment, consultation, and discharge for patients presenting with conditions, injuries or diseases of the ears, nose and throat. Procedures include Nasal Endoscopy, Laryngoscopy (both direct and fiberoptic), Stroboscopy, Maxillary Sinus Puncture, Flexible Tracheobronchoscopy through existing tracheostomy, Myringotomy with Tube Placement, Biopsy of oral mucosal, laryngeal or nasal tissue, Removal of Foreign Body from Ear or Nose, Cauterization of Nosebleed, Otomicroscopy with removal of cerumen, Vocal Fold Injection, Laryngeal Biopsy, and Incision/Drainage of Peritonsillar Abscess, Face/Neck Lesion, or Auricular Hematoma</p>	<p>Requires successful completion of an ACGME or AOA accredited residency in Otolaryngology</p>
	<p>Non-Core Privileges</p>	
	<p>Proximal Airway Diagnostic Fiberoptic Bronchoscopy with or without Endobronchial Biopsy (topical anesthetic only)</p>	
	<p>Laryngeal Nerve Block</p>	
	<p>Rhinaer Procedures</p>	<p>Requires special training and oversight or proctoring of first five procedures; requires 10 procedures every 2 years</p>
	<p>Vivaer Procedures</p>	<p>Requires special training and oversight or proctoring of first five procedures; requires 10 procedures every 2 years</p>
	<p>Sinuva</p>	
	<p>EMG-Guided Laryngeal Botox Injections</p>	<p>Requires successful completion of an ACGME or AOA accredited Laryngology fellowship</p>

By signing this delineation of privileges form, I attest I meet the qualifications for the privileges I requested. I agree to provide documentation to support my qualifications and current competence if asked to do so by Medical Staff Services.

Provider Authenticated Digital Signature
Or wet signature with printed name and date