



OTOLARYNGOLOGY - HEAD AND NECK SURGERY
Kettering Medical Center
Kettering Memorial Hospital/Sycamore Hospital

Clinical Privileges Profile

- I. Name: _____, MD/DO, has made application for membership on the medical staff of Kettering Medical Center with privileges in Otolaryngology.
- II. Clinical privileges in Otolaryngology shall be defined as those standards, usual, and customary procedures appropriate to the diagnosis and treatment of any and all diseases encompassed by that specialty. Physician must be Board eligible by having completed an appropriate residency or equivalent course of training in Otolaryngology. Once on staff, in order to maintain privileges, an individual must complete and pass the examinations within the prescribed time requirements of the board.
- III. Procedures not included in the description of general clinical privileges or special procedures indicated below in the physician clinical privileges profile may be performed in emergency situations even though not herein specified.
- IV. Physicians may request an extension or reduction of clinical privileges listed below at any time by submitting an "Application for Extension/Reduction of Privileges" to the clinical service chief and the Credentials Committee.
- V. Clinical Privileges Profile

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	A. Surgery of Temporal Bone (including external ear, middle ear and mastoid) -specific documentation needed for inner ear, i.e. resection of acoustic neuroma	_____
_____	B. Surgery of Salivary Glands	_____
_____	C. Surgery of Internal and External Nose and Maxilla	_____
_____	D. Surgery of Oral Cavity (excluding teeth)	_____
_____	E. Surgery of Paranasal Sinus	_____
_____	F. Surgery of the Pharynx and Larynx	_____
_____	G. Surgery of Neck, including congenital, traumatic, infectious and neoplastic lesions	_____
_____	H. Laser (specify type/s)	_____
_____	I. Endoscopy of Aero Digestive Tract (laryngoscopy, esophagoscopy, bronchoscopy)	_____

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_____	J.	Fluoroscopy	_____
_____	K.	Procedural Sedation	_____
	L.	Other (please list)	
_____		_____	_____
_____		_____	_____

Signature of Practitioner Date

Signature of Clinical Service Chief **Rita Anderson, MD** Date