

## APP PRIVILEGES IN OTOLARYNGOLOGY

**Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found [here](#).

**Required Qualifications**

<b>Education/Training</b>	Successful completion of a PA or NP program
<b>Licensure (Initial and Reappointment)</b>	Current Licensure as a PA or RN in the state of CA Current certification as a NP in the state of California
<b>Certification (Initial and Reappointment)</b>	Current Certification as a PA or NP by a nationally accredited organization
<b>Additional Qualifications (Initial and Reappointment)</b>	Current BLS from the American Heart Association
<b>Clinical Experience (Reappointment)</b>	Maintenance of all the above qualifications.
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.
<b>Definitions</b>	<p>"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.</p> <p>"Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure.</p> <p>"Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.</p>

**Patient Population**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
	<b>Patient Population</b>		
	Infant		
	Pediatric		
	Adolescent		
	Adult		
	Geriatric		
	<b>Setting</b>		
	Outpatient		
	Inpatient		

**Core Privileges - PHYSICIAN ASSISTANT (PA)**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
<b>General Supervision</b>			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	Provides and coordinates patient teaching and counseling		
	<p>MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]</p>		

**Qualifications**

**Renewal Criteria** Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - PHYSICIAN ASSISTANT (PA) OTOLARYNGOLOGY

**Core Privileges - NURSE PRACTITIONER (NP)**

Request	<p align="center"><b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
<b>General Supervision</b>			
	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures		
	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures		
	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures		
	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products		
	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services		
	Performs designated procedures according to written standardized procedures where applicable		
	Obtains informed consent, as indicated		
	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork		
	<p>MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		
	<p>CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]</p>		

**Qualifications**

**Renewal Criteria** Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - NURSE PRACTITIONER (NP) OTOLARYNGOLOGY

**Standardized Protocols/Standardized Procedures**

**Description:** (requires selection of a core professional role above)

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Supervising Physician	Service Chief Rec
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]		
	<b>Personal Supervision</b>		
	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]		
	Robotics First Assist in the OR Standard (Multi Port) [CRITERIA - Initial - Must meet Core Criteria. Must be approved for FIRST ASSISTANT privilege. Completion of "da Vinci Multi - Port Training Passport Technology Training Pathway: First Assistant" Certificate required - OR - Letter from attending surgeon documenting competency and documentation of a minimum of 24 robotics procedures during the past 2 years. Case log required. Renewal - Minimum 24 procedures required during the past 2 years]		

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

- First Assistant - (Chart Review)
- First Assistant - (Direct Observation)
- Administration of Moderate Sedation - (Chart Review)
- Administration of Moderate Sedation - (Direct Observation)
- Robotics First Assist in the OR Standard (Multi Port) - (Chart Review)
- Robotics First Assist in the OR Standard (Multi Port) - (Direct Observation)

**Division**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
	<b>(Select division which corresponds to your Supervising Physician)</b>		
	OTOLARYNGOLOGY / HEAD & NECK		

**Standardized Protocols/Standardized Procedures**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief Rec
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
	Cerumen Removal With Microscope [CRITERIA - Minimum 6 cases required]		
	Epistaxis Control [CRITERIA - Minimum 6 cases required]		
	Flexible Rhinolaryngopharyngoscopy [CRITERIA - Minimum 48 Insertion/Exam; Minimum 48 Recording/Exam]		
	Intralesional Steroid Injection - [CRITERIA - Minimum 6 cases required]		
	Intratympanic Steroid Injection [CRITERIA - Minimum 10 cases required]		
	Injection Of Dermal Fillers [CRITERIA - Minimum 10 cases required]		
	Microneedling Treatment With And Without PRP Injection [CRITERIA - Minimum 6 cases required]		
	Nasal Packing & Nasal Splint: Removal [CRITERIA - Minimum 6 cases required]		
	Neurotoxin Injection [CRITERIA - Minimum 10 cases required]		
	Punch Biopsy [CRITERIA - Minimum 6 cases required]		
	Rigid Nasal Scoping [CRITERIA - Minimum 10 cases required]		
	Tracheostomy/Laryngectomy Tube Exchange/Removal [CRITERIA - Minimum 12 cases required]		

**Qualifications**

- Initial Criteria**                      Must Also Meet the Core Criteria
- Renewal Criteria**                      Criteria noted above for each privilege

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

- Cerumen Removal With Microscope - (Chart Review)
- Cerumen Removal With Microscope - (Direct Observation)
- Epistaxis Control - (Chart Review)
- Epistaxis Control - (Direct Observation)
- Flexible Rhinolaryngopharyngoscopy Insertion/Exam (pertinent anatomy) - (Chart Review)
- Flexible Rhinolaryngopharyngoscopy Insertion/Exam (pertinent anatomy) - (Direct Observation)

- Flexible Rhinolaryngopharyngoscopy Recording/Exam (present issue) - (Chart Review)
- Flexible Rhinolaryngopharyngoscopy Recording/Exam (present issue) - (Direct Observation)
- Intralesional Steroid Injection - (Chart Review)
- Intralesional Steroid Injection - (Direct Observation)
- Intratympanic Steroid Injection - (Direct Observation)
- Intratympanic Steroid Injection - (Chart Review)
- Injection of Dermal Fillers - (Chart Review)
- Injection of Dermal Fillers - (Direct Observation)
- Microneedling Treatment With And Without Prp Injection - (Chart Review)
- Microneedling Treatment With And Without Prp Injection - (Direct Observation)
- Nasal Packing & Nasal Splint: Removal - (Chart Review)
- Nasal Packing & Nasal Splint: Removal - (Direct Observation)
- Neurotoxin Injection - (Chart Review)
- Neurotoxin Injection - (Direct Observation)
- Punch Biopsy - (Chart Review)
- Punch Biopsy - (Direct Observation)
- Rigid Nasal Scoping - (Chart Review)
- Rigid Nasal Scoping - (Direct Observation)
- Tracheostomy/Laryngectomy tube exchange/removal- (Chart Review)
- Tracheostomy/Laryngectomy tube exchange/removal - (Direct Observation)

**Acknowledgment of Applicant**

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

\_\_\_\_\_  
Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

\_\_\_\_\_  
Date