

## SURGICAL PRIVILEGES REQUEST FORM

### INTRODUCTION

This Surgical Privileges Request Form must be accompanied or preceded by a completed application for medical staff appointment, including the necessary supporting documents. Many clinical privileges pertinent to the practice of surgery and surgical specialties are listed below. This list contains both outpatient and inpatient items. The request for privileges must reflect both the applicant's and the facility/staff's ability to carry out or support the various functions. Documentation of training and/or experience in performing various surgical procedures must accompany this request. Any additional privileges may be requested on the Surgical Privileges Request Form or may be presented in an attached list and referenced on this form under "other."

### INSTRUCTIONS FOR COMPLETING THE FORM

**Applicant:** With a check mark in the appropriate location, indicate for each item whether you are requesting *limited* or *full* privileges. *Limited* means that the applicant may function in the area of the stated clinical privileges only under the direct supervision of a provider holding *full* privileges. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large; in general, full surgical privileges require the completion of an accredited surgical residency. Be sure to sign the request as indicated on page 7.

**Discipline-specific supervisor or consultant:** Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location for either *full*, *limited*, or *not recommended* (N.R.). Please explain any recommended limitations or denial of privileges on an attached sheet. Your recommendations are considered by the governing body when granting or not granting privileges.

### I. GENERAL SURGERY

#### A. Skin

	Applicant Requests		Supervisor/Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Skin tumors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Split thickness grafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wolfe grafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pedicle grafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Skin lacerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Extensive burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pilonidal cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### B. Head and Neck

	Applicant Requests		Supervisor/Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Parotid gland surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lip and tongue surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ranula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Epulis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Resection of jaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Thyroglossal ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Branchial clefts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Head and Neck**

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
8. Pharyngo-esoph. diverticulum					
9. Thyroidectomy					
10. Phrenic nerve					

**C. Abdominal and Rectal**

	Applicant Requests		Supervisor/ Consultant Recommends		
	Ltd.	Full	N.R.	Ltd.	Full
1. Paracentesis					
2. Gastroscopy					
3. Closure perforated ulcer					
4. Other gastric surgery					
5. Ramstedt Pyloromyotomy					
6. Gallbladder and common duct surgery					
7. Pancreatic surgery					
8. Splenectomy					
9. Small and large bowel surgery					
10. Appendectomy					
11. Abdomino-perineal resection					
12. Abdominal exploratory after workup					
13. I & D of intra-abdominal abscess					
14. Traumatic laparotomy					
15. Simple inguinal hernia					
16. Strangulated or recurrent hernia					
17. Ventral or femoral hernia					
18. Proctosigmoidoscopy					
19. Anoscopy					
20. Hemorrhoidectomy					
21. I & D Perirectal Abscess					
22. Fistula in ano					
23. Liver biopsy, open					
24. Liver biopsy, closed					

**D. Breast and Thoracic**

1. Breast biopsy
2. Simple & radical mastectomy
3. Thoracentesis & closed drainage
4. Rib resection for empyema
5. Thoracoplasty
6. Intrathoracic surgery
7. Surgery of diaphragm

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. Other**

1. Hand infections (major)
2. Hand infections (minor)
3. Other (Specify): \_\_\_\_\_

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. VASCULAR SURGERY**

- A. Vein ligation and stripping**
- B. Major vascular surgery**
- C. Arterial grafts**
- D. Other (Specify):** \_\_\_\_\_

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. OPHTHALMOLOGIC**

- A. Chalazion**
- B. Pterygium**
- C. Enucleation**

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. EAR, NOSE, AND THROAT (ENT)**

- A. Tracheostomy**
- B. I & D abscess or hematoma of canal or auricle**
- C. Laceration repair of nose or auricle**

Applicant Requests		Supervisor/ Consultant Recommends		
Ltd.	Full	N.R.	Ltd.	Full
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. EAR, NOSE, AND THROAT (ENT)**

- D. Foreign body removal from nose or ear**
- E. Complex laceration repair of nose/ear/face/neck**

Applicant  
Requests

Ltd.

Full



Supervisor/  
Consultant  
Recommends

N.R.

Ltd.

Full








