



Plastic and Reconstructive Surgery KHDO
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Membership

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner 's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

Primary Privileges Plastic and Reconstructive Surgery

Request	<p align="center"><i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	Surgical Treatment For Following Procedures/Conditions		
	Diseases of sebaceous glands		
	Surgical and chemical planings skin		
	Transplantation bone		
	Transplantation cartilage		
	Transplantation dermis		
	Transplantation fascia		
	Transplantation fat		
	Transplantation hair		
	Transplantation skin		
	Treatment scars and keloids; burns; neoplasms of skin and soft tissues, benign and malignant		
	Treatment trauma with/without absence tissue		
	Head and Neck		
	Blowout fractures of orbit		
	Cleft lip and palate		
	Congenital cysts and tumors of neck		
	Correction palatopharyngeal incompetence all procedures for aging skin,face,neck		
	Craniofacial deformities		
	Deformities eyelids and orbital region, including tumors		
	Deformities of lips and cheeks, including neoplasms		
	Deformities of auricle		
	Deformities of jaws		
	Deformities of nose and septum		
	Deformity forehead, scalp, cranium		
	Disturbance of 7th nerve		
	Disturbances of temporomandibular joint		
	Facial palsy		
	Facial trauma with/ without fractures		
	Malignant tumors maxilla		
	Microathia and glossoptosis		
	Neoplasms of facial bones		
	Oral and pharyngeal tumors		
	Reconstruction head and neck tumors		
	Tumors salivary gland with/without neck dissection		
	Hand and Arm		
	Acute injuries with tendons, bones and/or nerve involvement		
	Burns, congenital anomalies		
	Dupuytren's contracture		
	Infections		

	Secondary reconstruction and restoration tendons, nerves, bone, soft tissue, carpal tunnel syndrome		
	Thumb transplant procedures		
	Trigger finger		
	Tumors of hand and forearm		
	Lower Extremity		
	Ingrown toenail		
	Lymphedema		
	Neoplasms		
	Plantar wart		
	Trauma -- especially with skin loss		
	Trunk		
	Abnormalities of thoracic cage		
	Congenital malformations and tumors of low back -- where transfer or tissue frequently needed		
	Decubitus ulcer		
	Deficiencies and defects of abdominal wall		
	Hidradenitis		
	Redundancy abdominal tissue		
	Surgery of Breast: Augmentation		
	Surgery of Breast: Gynecomastia		
	Surgery of Breast: Mastopexy		
	Surgery of Breast: Reduction		
	Surgery of Breast: Subcutaneous mastectomy with reconstruction		
	Surgery of Breast: Tumors		
	Trauma		
	Tumors reconstruction post surgery for breast cancer or congenial deformity or burn		
	Genitourinary and Anorectal Malformations		
	Congenital absence of vagina and hermaphroditism		
	Hypospadias, chordee, epispadias, extrophy of bladder -- with urologist		
	Trauma, lymphedema		
	Laser Privileges (If laser privileges are requested, criteria for obtaining these privileges will be forwarded to you.)		
	Argon		
	CO2		
	Dye		
	KTP		
	Nd;YAG		
	Ruby		
	Critical Care Procedures (As any physician successfully graduating from a plastic surgery training program has completed training in critical care procedures, all members of the Section of Plastic and Reconstructive Surgery, unless specifically restricted, shall have privileges to perform the following procedures:)		
	Arterial line insertion		
	Central venous line insertion		
	Chest tube insertion		
	Endotracheal intubation		
	Mechanical ventilation		
	Swan Ganz catheter insertion		

	Thoracentesis		
	Tracheostomy		
	Other Privileges		
	Amputation of toes and feet		
	Endoscopic plastic surgery		
	Forehead lift and face lift		
	Nasal Surgery		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature _____

Date _____

Clinical Service Chair Recommendation - Privileges

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

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date