



Providence Hospital of North Houston

Providence Hospital of North Houston

16750 Red Oak Drive
Houston, Texas 77090

Print Name

Date

Privilege Request Form - Plastic Surgery

SECTION I – GENERAL REQUIREMENTS PLASTIC SURGERY

Requested Staff Category

_____ Active _____ Courtesy _____ Consulting _____ Affiliate

Basic Education: MD or DO

INITIAL APPOINTMENT

Minimal formal training and experience:

- Successful completion of an ACGME–accredited plastics residency or fellowship training program or an AOA-approved training program in general plastic surgery.
- The number of cases performed in the last 12 months for each procedure requested along with the documentation of proficiency must be sufficient to validate competence. An applicant who has just completed a residency shall provide his/her residency log. Additional documentation and monitoring may be required at the discretion of the Medical Director or the Chief of Staff. Some procedures may require additional documentation of training and experience which is acceptable to the Medical Director such as Proctoring Reports, Operative Reports and Discharge Summaries for other institutions, written communication of documents from the Chairperson of the designee of an approved academic training program, approved continuing medical education course, or clinical department from another institution attesting to completion of a specified course of training, and/or the number of the specified successful procedures performed, and/or the applicants known ability to perform a specific procedure for which the applicant has previously been formally trained to carry out in an approved program.
- Member in good standing of an accredited acute care hospital and/or ambulatory surgery center, with the same or similar unrestricted privileges.



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- Evidence of Certification by the American Board of Plastic Surgery or American Osteopathic Board of Plastic Surgery is preferred.
- Interview by the Medical Director and/or Chief of Staff when requested.

For Advanced Endoscopy

- Privileges for the corresponding open procedure; and
- Previous operative experience, documentation of experience (operative reports) adequate to justify the privileges being requested; or
- For those without previous operative experience, an advanced laparoscopic surgery course with animate, hands-on training and experience serving as a first assistant or documentation of training with an experienced surgeon.
- The first two (2) patient cases will be proctored by an experienced surgeon skilled in the procedure.

REAPPOINTMENT MAINTENANCE OF PRIVILEGE

- Demonstrated evidence of clinical activity from relevant professional practice evaluation during the past 24 months without significant quality variations, OR
- Peer recommendations when performance data is insufficient at the time of reappraisal; and
- Ongoing maintenance of continuing medical education as it pertains to scope of license and specialty.

SECTION II – PRIVILEGES REQUESTED

Basic Privileges	Requested	Granted	Denied
Admit Patients			
Perform History & Physical exam			
Post- surgical evaluation and treatment			
Medical management of post-surgical patients using prudence and good medical judgment for appropriate consultation			
Interpret x-rays			



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Surgical Procedures	# Procedures in last 12 months	Requested	Granted	Granted w Conditions	Denied
Aesthetic and reconstructive procedures of the breast					
Blepharoplasty					
Browlift					
Chemical peel					
Chin augmentation					
Coronal lift					
Dermabrasion, face					
External ear surgery					
Head and neck tumor surgery					
Hypospadias procedures					
Lacerations repair, simple and complex					
Liposuction surgery					
Maxillofacial surgery					
Palatoplasty and cheiloplasty					
Reimplantation extremities					
Rhinoplasty					
Scar revision, simple and complex					
Septoplasty					
Size reduction plastic operations					
Hand Surgery:					
Suture of muscle, tendon and fascia of hand					
Transplantation of muscle tendon of hand					
Plastic operation of hand with tissue graft or prosthetic implant					
Reduction and fixation of fracture of the hand					
Other (please be specific):					

If you anticipate administering your own anesthesia, please complete the Moderate Sedation Privilege Request Form



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I have been approved for these procedures at the following hospitals/ambulatory surgery centers



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SECTION III - ACKNOWLEDGE OF PRACTITIONER:

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Hospital. I hereby attest that the references, reports, records and information are available that verify my qualifications and competency to practice as requested.

I understand that:

1. In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. 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.
3. The use of any other new, untried, or unproven procedure/treatment modality/instrumentation maybe performed or used, only after the regular credentialing process has been completed and the privilege to perform or use said procedure/treatment modality/instrumentation has been granted to the individual practitioner

PHYSICIAN SIGNATURE

DATE



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SECTION IV – RECOMMENDATIONS AND APPROVALS

Recommendation of the Medical Director:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Approval of all requested privileges

_____ Approval of the following privileges with conditions:

_____ Denial of the following privileges:

Medical Director

Date

Recommendation of the Medical Executive Committee:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Approval of all requested privileges

_____ Approval of the following privileges with conditions:

_____ Denial of the following privileges:



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Chief of Staff

Date

Decision of the Governing Board:

The Governing Board has reviewed the above recommendations regarding the requested clinical privileges and supporting documentation for the above named applicant and has:

_____ Granted all requested privileges

_____ Granted the following privileges with conditions:

_____ Denied the following privileges:

Chairman of the Board

Date