

Privileges in Plastic Surgery

Applicant's 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. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications

Initial Core Criteria Education/Training

Successful completion of an ACGME or AOA accredited Residency training program in Plastic Surgery or foreign equivalent training

AND

Current certification or active participation in the examination process leading to certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Plastic Surgery or foreign equivalent training/board.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	CORE Privileges	
	Privileges to admit, evaluate, consult, and provide treatment to patients presenting with both congenital and acquired defects of the body's soft tissue	
	Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery	
	Neoplasms of the head and neck, including the oropharynx and training in appropriate endoscopy	
	Plastic surgery of the breast	
	Surgery of the hand/upper extremities	
	Plastic surgery of the lower extremities	
	Plastic surgery of the congenital and acquired defects of the trunk and genitalia	
	Burn management, acute and reconstructive	
	Microsurgical techniques applicable to plastic surgery	
	Reconstruction by tissue transfer, including flaps and grafts	
	Surgery of benign and malignant lesions of the skin and soft tissues	
	Simple, intermediate and complex wound care	
	Steroid injections into joint, keloids, and hypertrophic scarring	
	Use of surgical laser	

Qualifications

Renewal Criteria Minimum of two (2) cases required

FPPE

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Complex hand surgery [Initial Criteria - Certificate of 'Added Qualifications in Surgery of the Hand' by the American Board of Plastic Surgery or the American Board of Orthopedic Surgery. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Craniofacial - surgery- including acute trauma and reconstruction of soft tissue and bony anomalies [Initial Criteria - Documented training in a Craniofacial Surgery fellowship. Renewal Criteria - Minimum 5 cases required in the past two years.]	

FPPE

Complex Hand Surgery

Cranio- surgery- including acute trauma and reconstruction of soft tissue and bony anomalies

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

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 - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____