



**QCHP**  
المجلس القطري للتخصصات الصحية  
Qatar Council for Healthcare Practitioners  
التسجيل والترخيص  
Registration & Licensing



## Surgical Privileges Form: Otolaryngology (Core Privileges)

## Clinical Privileges Request

Applicant's Name: ..... Scope of Practice: .....

License No. (If Any): ..... Facility: .....

Date: .....

### Core Privileges

#### Category I : Otology procedures

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Examination of Ear				
a. LA				
b. GA				
2. Myringotomy with or without tubes				
3. Removal of foreign body (aural)				
4. Aural packing				
5. Ear syringing				



## Category II : Rhinology Procedures

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Examination of the nose				
a. LA				
b. GA				
2. Nasal cautery				
3. Submucous diathermy (SMD) of turbinate				
4. Nasal endoscopy				
5. Antrostomy inferior (non-endoscopic)				
6. Turbinectomy				
7. Antral wash				
8. Nasal fracture reduction (anterior and posterior)				
9. Removal of foreign body				
10. Flaryng packing				
11. Septoplasty (No revision septoplasty)				
12. Evacuation of septal hematoma				
13. Sinus endoscopy (Rigid + fibro optic)				



**Category III : Larynx, Head and neck Surgeries**

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Examination of the larynx				
a) LA				
b) GA				
2. I&D Quinsy				
3. Tonsillectomy				
4. Adenoidectomy				
5. Tongue tie release				
6. PNS Examination/Biopsy				
7. Oropharynx examination/biopsy				
8. Fibro optic endoscopy				
9. Rigid endoscopy (all)				
10. Tracheostomy				



### Category IV : Audiology Procedures

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Full audiological diagnostic procedure including: PT audiometric test battery, Tympanometry test battery, Otoacoustic emission testing, speech audiometry, and Behavioral hearing testing including VRA.				
2. Particle reposition maneuver for BPPV				
3. Vestibular rehabilitation exercise				
4. Pure tone audiogram				
5. Speech audiometry				
6. Tympanometry				
7. Acoustic reflex				
8. Otoacoustic emission				
9. Behavioural test				

**Note:** You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.

By signing below, I acknowledge that I have read, understand, and agree to abide by QCHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

- a) In exercising any clinical privileges granted, I am constrained by QCHP's policies and



**QCHP**  
المجلس القطري للتخصصات الصحية  
Qatar Council for Healthcare Practitioners  
التسجيل والترخيص  
Registration & Licensing



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 recognized policies and rules.

.....  
Applicant's signature (Stamp if any)

.....  
Date

1. ....  
Medical Director (of the facility the applicant  
will perform surgeries in) Stamp & Signature

.....  
Date

### **For Committee use only**

#### **Evaluation Committee Chairman:**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

.....  
Chairperson's Stamp & signature

.....  
Date

#### **Other Committee Members:**

.....  
1) Name

.....  
Date

.....  
2) Name

.....  
Date