

Name of the Applicant: \_\_\_\_\_

<b>Otorhinolaryngology</b>		<b>Privileges Applied by Applicant</b>	<b>Privileges Granted by CUHKMC</b>
<b>(A) Core Privileges</b>			
1.	Microsurgery of the ear, petrous bone, facial nerve and related structures	<input type="checkbox"/>	<input type="checkbox"/>
2.	Nasal and paranasal sinus surgery	<input type="checkbox"/>	<input type="checkbox"/>
3.	Endoscopic sinus surgery	<input type="checkbox"/>	<input type="checkbox"/>
4.	Maxillofacial surgery including orbits, jaw and facial skeleton	<input type="checkbox"/>	<input type="checkbox"/>
5.	Aesthetic, plastic and reconstructive surgery of the face, head and neck	<input type="checkbox"/>	<input type="checkbox"/>
6.	Resection of head and neck neoplasia	<input type="checkbox"/>	<input type="checkbox"/>
7.	Surgery of the upper aerodigestive tract	<input type="checkbox"/>	<input type="checkbox"/>
8.	Surgery of the thyroid, parathyroid and salivary gland	<input type="checkbox"/>	<input type="checkbox"/>
9.	Surgery of the lymphatic tissues of the head and neck	<input type="checkbox"/>	<input type="checkbox"/>
10.	Head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms	<input type="checkbox"/>	<input type="checkbox"/>
11.	Endoscopy of the airway (larynx, trachea, and bronchial tree), both diagnostic and therapeutic	<input type="checkbox"/>	<input type="checkbox"/>
12.	Endoscopy of the upper digestive tract (nasopharynx, hypopharynx, oesophagus), both diagnostic and therapeutic	<input type="checkbox"/>	<input type="checkbox"/>
13.	Percutaneous gastrostomy	<input type="checkbox"/>	<input type="checkbox"/>
14.	Use of laser in otolaryngological and aesthetic surgery	<input type="checkbox"/>	<input type="checkbox"/>
15.	Biopsies of head and neck area	<input type="checkbox"/>	<input type="checkbox"/>
16.	Extraction of teeth incidental to tumor resection or repair of traumatic injury	<input type="checkbox"/>	<input type="checkbox"/>
17.	Collagen injection, dermabrasion; minor excisions of cysts and moles; scar revisions	<input type="checkbox"/>	<input type="checkbox"/>
18.	Harvesting graft material for reconstruction (e.g. Skin, abdominal fat, fascia lata, sural nerve grafts)	<input type="checkbox"/>	<input type="checkbox"/>
<b>(B) Special Privileges</b>			
19.	Administration of sedation	<input type="checkbox"/>	<input type="checkbox"/>
20.	Use of fluoroscopy equipment	<input type="checkbox"/>	<input type="checkbox"/>
21.	Skull-base surgery	<input type="checkbox"/>	<input type="checkbox"/>
22.	Operative neurotology (posterior and middle fossa craniotomy)	<input type="checkbox"/>	<input type="checkbox"/>
23.	Free flaps	<input type="checkbox"/>	<input type="checkbox"/>
24.	Robotic surgery	<input type="checkbox"/>	<input type="checkbox"/>
25.	Radiofrequency Ablation (RFA) for Thyroid Nodules	<input type="checkbox"/>	<input type="checkbox"/>
<b>(C) Others (Please specify)</b>			
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>

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Approved by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_