

**PACIFIC HOSPITAL OF LONG BEACH**  
**DELINEATION OF PRIVILEGES**  
**Department of Surgery/Anesthesia**  
*Plastic Surgery*

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

Board Certification: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

<b>QUALIFICATIONS/CRITERIA</b>	
<b>Category I</b>	<b><i>Usual and Customary Privileges</i></b>
	<ol style="list-style-type: none"> <li>1. Complete an ACGME or AOA accredited residency in Plastic Surgery.</li> <li>2. Board certification or qualification for certification by the American Board of Plastic Surgery or AOA equivalent.</li> <li>3. Demonstrated competence in Category I privileges.</li> </ol>
<b>Category II</b>	<b><i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i></b>
	<ol style="list-style-type: none"> <li>1. Board certification or in process of certification by the American Board of Plastic Surgery;</li> <li>2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> <li>• Documentation of residency training and experience in the advanced procedure</li> <li style="text-align: center;"><b>OR</b></li> <li>• Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested.</li> </ul> </li> <li>3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.</li> </ol>

Name: \_\_\_\_\_

**Instructions: Please place a check mark in the REQUESTED column corresponding to the privileges requested.**

<b>Pacific Hospital of Long Beach</b>			
<i>Plastic Surgery privilege form</i>			
<b>Requested</b>	<b>Usual and Customary Privileges</b>	<b>Granted</b>	<b>Assist only</b>
	<i>General</i>		
	Admitting		
	Consulting		
	Fluoroscopy (Submit current X-ray Supervisor License)		
	History and Physical		
	Moderate sedation (must take and pass the approved exam)		
	<b>Category I</b>		
	Biopsy skin lesions		
	Dental evaluation		
	Suture lacerations		
	Wound or soft tissue aspiration		
	<b>Category II</b>		
	**Endoscopic Assisted Surgery		
	**Wrist arthroscopy		
	Abdonimoplasty		
	Augmentation mammoplasty		
	Blepharoplasty		
	Bone graft		
	Bone grafts		
	Botox		
	Brachioplasty		
	Breast biopsy		
	Brow lift		
	Burns		
	Calf Implants		
	Cheek Augmentation		
	Chemical Peel		
	Chin Augmentation		
	Cleft lip and palate repair		
	Complex hand surgery		
	Complex tissue avulsion repair		
	Congenital deformities		
	Correction formal paralysis		
	Craniofacial reconstruction		
	Decubitus ulcers		
	Dermabrasion		

Name: \_\_\_\_\_

**Pacific Hospital of Long Beach**  
*Plastic Surgery privilege form*

<b>Requested</b>	<b>Usual and Customary Privileges</b>	<b>Granted</b>	<b>Assist only</b>
	Dupuytren's contracture		
	Excision intra nasal tumors		
	Excision intra oral tumors		
	Excision malignancy of skin		
	Excision tumors		
	Face Lift		
	Facial Flaps		
	Facial Trauma		
	Fat Transfers		
	Flap repair		
	Fractures, open and closed		
	Free flaps		
	Joint fusion		
	Leg trauma reconstruction		
	Leg ulceration		
	Liposuction		
	Lymphadenectomy axilla		
	Lymphadenectomy groin		
	Lymphadenectomy neck dissection		
	Mandibular and maxillary osteotomy		
	Mastectomy		
	Mastopexy		
	Myocutaneous flaps		
	Nerve Decompression		
	Otoplasty		
	Pectoralis Implants		
	Pedicle flap-skin		
	Post mastectomy reconstruction		
	Reduction and fixation facial fractures		
	Reduction mammoplasty		
	Repair nerves and vessels		
	Repair tendon and nerve		
	Rheumatoid arthritis repair		
	Rhinoplasty		
	Rhytidectomy		
	Salivary gland tumors		
	Simple hand surgery		
	Skin graft split thickness		
	Skin graft, full thickness		
	Soft tissue biopsy		
	Submucous resection nose		

Name: \_\_\_\_\_

<b>Pacific Hospital of Long Beach</b>			
<i>Plastic Surgery privilege form</i>			
<b><i>Requested</i></b>	<b><i>Usual and Customary Privileges</i></b>	<b><i>Granted</i></b>	<b><i>Assist only</i></b>
	Syndactyly		
	Temporomandibular joint		
	Tendon transfer		
	Thigh/Arm/Buttock lifts		
	Thyroglossal and branchial cysts		
	Treatment hemangioma, AV malformations		
	Treatment lumphedema		
	Treatment of burns, acute		
	Wound debridement		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPROVALS:**

Exceptions/limitations: \_\_\_\_\_

\_\_\_\_\_  
Service Chief/Division Chief of Surgery

\_\_\_\_\_  
Date

Credentials Committee approval on: \_\_\_\_\_

Medical Executive Committee approved on: \_\_\_\_\_

Board of Directors approved on: \_\_\_\_\_

Name: \_\_\_\_\_