

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

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

\_\_\_\_\_  
Date (dd/mm/yyyy)

(Form version: 20240926)

**For Official Use only**

Approved by:

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

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