

**THE NEW YORK EYE AND EAR INFIRMARY**

**DELINEATION OF PRIVILEGES**

**DEPARTMENT OF OTOLARYNGOLOGY**

**PHYSICIAN ASSISTANT**

Name:

**Instruction:**

**Applicant: Please put a tick( ✓ ) in the Applicant Column.**

**Chairman/Director: Please put a tick ( ✓ ) in the appropriate column.**

	<b><u>Applicant</u></b>	<b><u>Director of Service</u></b>	
	Can Perform	Can perform	Can
	<b>WITH</b>	<b>WITHOUT</b>	<b>NOT</b>
	Supervision	Direct Supervision	Perform
Fine Needle Aspiration		_____	_____
Aspiration of Peritonsillar Abscess		_____	_____
Incision/Drainage		_____	_____
Biopsy		_____	_____
Anterior Nasal Pack		_____	_____
Cauterization of Epistaxis		_____	_____
Insertion of Ear Wick		_____	_____
Endoscopy: Nose and Throat		_____	_____
Myringotomies		_____	<b>X</b>
Foreign Body Removal from Ear		_____	<b>X</b>
Excision of Keloid		_____	_____
Repair of Split Ear Lobes		_____	_____
Repair of Simple Laceration		_____	_____
Perform a History and Physical		_____	_____
Cleanse and Dress Wounds		_____	_____
Assist & Evaluate the Patient		_____	_____
in an Emergency Situation		_____	_____
Perform Procedures and Clinical		_____	_____

