

## Non-Hospital Surgical Facility - Application for Privileges

## **Dermatology Procedure Checklist**

This document  $\underline{\text{must}}$  be completed and attached to your NHSF Application for Privileges. ONLY check ( $\checkmark$ ) those procedures for which you are requesting NHSF approval. You must also indicate the number of procedures performed in the past 12 months in all NHSFs and hospitals.

Applicant Last Name:	Given/First Names:	
(Please Print)	(Please Print)	
Facility Name:		
Type/Description of Procedure	<b>ONLY</b> check (✓) those procedures for which you are requesting NHSF approval	You <b>MUST</b> include total number of procedures performed in the <u>past 12</u> months (all NHSFs and hospitals)
Example: Dermatology Procedure	check (✓)	# of procedures (e.g. 8)
Liposuction to a maximum of 5 litres total aspirate		
Moh's micrographic surgery <sup>1</sup>		
Blepharoplasty <sup>2</sup>		
Endovenous Ablation (includes but is not limited to Laser Ablation, Radio Frequency Ablation, Mechano-Chemical Ablation) <sup>3</sup>		
Lipolysis by the percutaneous application of any form of energy <sup>4</sup>		

- 1. Recognized as a specialist in Plastic Surgery or Dermatology; and
  - Evidence of successful completion of a one-year fellowship training program from a recognized preceptor (recognized by the College); and
  - A minimum of 300 cases personally performed under supervision.
- Recognized as a specialist in Surgery or Dermatology;
  - Evidence of successful completion of a one-year fellowship training program from a recognized preceptor (recognized by the College);
  - Be able to exhibit knowledge of indications/contraindications, patient selection, ophthalmologic assessment, specific blepharoplasty procedures (including their risks, benefits and alternatives), post-operative care, complications and their management.
  - Evidence of skills in ophthalmologic assessment, pre-operative assessment specific to the procedure, performance of the specific blepharoplasty procedures, assessment and additional management of outcomes and management of complications.
  - The amount of didactic, observational and hands-on training is dependent on prior qualifications and experience of each candidate.
- 3. Evidence of sufficient training and experience in:
  - a. Phlebology, including ultrasound diagnosis of venous disease and options for treatment
  - b. Duplex ultrasonographic imaging of veins
  - c. Laser physics and safety (EVLT only)
  - d. Ultrasound-guided sclerotherapy
  - e. The procedure

- 3. The description of training should include the amount of didactic training and a description of the nature of the hands-on training.
  - The number of observed and performed procedures required is dependent on prior qualifications and experience of each candidate.
- 4. Recognized as a specialist in Plastic Surgery or Dermatology and;
  - Evidence of successful completion of a one-year fellowship training program from a recognized preceptor (recognized by the College);
  - Evidence of sufficient training and experience in:
    - a. Laser physics and safety