Huntington Hospital

Delineation Of Privileges

Dental Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

DENTAL PRIVILEGES - Category 1

Criteria: Evidence of successful completion of an approved dental training program.

Proctoring Requirements: A minimum of six (6) representative cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:	___	___	___
Admit (with co-admitting physician)	___	___	___
Consultation Only Privileges	___	___	___
Sedation Analgesia: ***Criteria:*** Requires successful completion of the Sedation Assessment Test.	___	___	___
a) Adult Sedation	___	___	___
b) Pediatric Sedation (15 years and under)	___	___	___
CATEGORY I DENTAL PRIVILEGES: Includes the management and coordination of care, treatment and services, including: Dental history and physical evaluation, consultation and prescribing medication in accordance with DEA certificate.	___	___	___
GENERAL DENTISTRY:			
Basic operative dentistry	___	___	___
Comprehensive restoration of dental arches	___	___	___
Basic endodontics	___	___	___
Basic periodontics	___	___	___
Basic pedodontics	___	___	___
Basic prosthodontics	___	___	___
Basic orthodontics	___	___	___

Provider Name:

Privilege	Requested	Deferred	Approved
Advanced maxillofacial prosthodontics	___	___	___
BASIC ORAL SURGERY:			
Odontectomy/simply	___	___	___
Odontectomy/complex	___	___	___
Alveoplasty/alveolectomy	___	___	___
Removal of maxillary and mandibular tori	___	___	___
Apical surgery	___	___	___
Intra-oral incisional biopsy	___	___	___
Intra-oral excisional biopsy, lesions of 1.25 cm or less	___	___	___
Intra-oral incision and drainage/minor dentoalveolar infection	___	___	___
Tooth replantation and stabilization	___	___	___
Repair of minor intra-oral lacerations	___	___	___

CATEGORY 2 - ADVANCED DENTAL PRIVILEGES
Criteria: Applicants must meet the criteria outlined for Category 1 Dental privileges, AND provide documentation of training and current clinical competency in the specific procedures requested.
Proctoring Requirements: Of the six (6) required proctored cases, three (3) must be from the supplemental privileges section, if supplemental privileges are requested.

CATEGORY 2 - ADVANCED DENTAL PRIVILEGES:

Placement of endosseous dental implants	___	___	___
Intra-oral laser surgery for dental procedures (wavelength)	___	___	___

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ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ Date:_____

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____