

## Privileges for Dental and Oral & Maxillofacial Surgery

Applicant's Name: \_\_\_\_\_

*Please Print Your Name*

### MEDICAL STAFF CATEGORY REQUESTED:

**Privileges requested for Stanford Hospital and Clinics**

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions **Minimum 11 pt contacts per year**
- Courtesy-Admitting** – Member in good standing in another TJC, AAAHC or AAAASF accredited hospital, and **Admits/treats 3 – 10 patients per year at SHC**
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. **Must have teaching appointment with the Stanford School of Medicine**

**Privileges requested for Lucile Packard Children's Hospital**

- Active** – Uses Lucile Packard Children's Hospital (LPCH) as a primary hospital and regularly admits/treats patients at this facility, or is regularly involved in medical staff functions (minimum 11 pt contacts per year)
- Courtesy** – Active member in good standing in another hospital, admits/treats fewer than eleven (11) patients per year at LPCH OR treats LPCH patients only when incident to performing clinical teaching responsibilities
- Consulting only** – Member in good standing in another hospital, are willing to provide consulting services in a timely manner in the care of management of patients does not have admitting privileges.

***Please indicate any teaching title you may hold with the Stanford School of Medicine:***

- Faculty (MCL or UTL)                       Clinical Educator                       Adjunct Clinical Faculty

Teaching Title: \_\_\_\_\_

<b>CORE PRIVILEGES</b>				
REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENT
<input type="checkbox"/>	<p>Privileges to admit, evaluate, diagnose, consult, and provide treatment to dentistry patients in the inpatient or outpatient setting.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></b></p> <p><i>General Dentistry includes:</i></p> <ul style="list-style-type: none"> <li>▪ General dental diagnoses</li> <li>▪ Treatments and procedures done by general dentists in an ambulatory setting, but which much be done in the hospital in some patients</li> <li>▪ History and physical as it relates to dentistry</li> <li>▪ Biopsy or removal of soft tissue lesions</li> <li>▪ Routine restorative dentistry</li> <li>▪ Cleaning</li> </ul>	<p>Successful graduation from an accredited U.S. dental school OR equivalent foreign dental school.</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p>Currently practicing in an ambulatory setting as a dentist or oral surgeon.</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p>Applicants must be able to demonstrate that they have performed at least 50 dental inpatient, outpatient, emergency service, or consultative procedures in the past 12 months</p>	<p>Minimum 10 cases seen at SUMC with documentation in EMR over 2 years</p> <p>_____ # of cases preformed at SUMC in the past 2 years.</p>	<p>3 chart reviews</p>

## CORE PRIVILEGES with Operating Room Privileges

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENT
<input type="checkbox"/>	<p>Privileges to admit, evaluate, diagnose, consult, and provide treatment to dentistry patients in the inpatient or outpatient setting.</p> <p><b><u>Cross out &amp; INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></b></p> <p><i>General Dentistry includes:</i></p> <ul style="list-style-type: none"> <li>▪ General dental diagnoses</li> <li>▪ Treatments and procedures done by general dentists in an operating room setting</li> <li>▪ History and physical as it relates to dentistry</li> <li>▪ Biopsy or removal of soft tissue lesions</li> <li>▪ Routine restorative dentistry</li> <li>▪ Exam under anesthesia</li> <li>▪ Cleaning</li> </ul>	<p>Successful graduation from an accredited U.S. dental school OR equivalent foreign dental school</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p>Currently practicing in an ambulatory setting as a dentist or oral surgeon</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p>Applicants must be able to demonstrate that they have performed at least 50 dental inpatient, outpatient, emergency service, or consultative procedures in the past 12 months</p>	<p>Minimum 10 cases seen in the ER, inpatient, or outpatient at SUMC with documentation in EMR over 2 years</p> <p>_____ # of cases performed at SUMC in the past 2 years.</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p>Minimum 11 cases performed in the Operating Rooms at SUMC over 2 years</p> <p>_____ # of cases performed at SUMC in the past 2 years.</p>	3 chart reviews

## SPECIAL PRIVILEGES FOR DENTISTRY AND ORAL MAXILLOFACIAL SURGERY (MUST ALSO MEET THE CORE CRITERIA)

REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENT
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Dento-Alveolar Surgery	Successful completion of ADA accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), Oral and Maxillofacial Surgery or Periodontal Surgery training programs, or equivalent foreign training program <i>OR</i> Minimum (10) cases documented in the past 2 years.	<p>_____ # of cases performed at SUMC in the past 2 years.</p> <p>Minimum 5 cases at SUMC required in the past 2 years</p>	1 chart review
<input type="checkbox"/>	Orthodontics	Successful completion of an ADA approved training program in Orthodontics, or certified by the American Board of Orthodontics or equivalent foreign training program. Minimum (10) cases documented in the past 2 years.	<p>_____ # of cases performed at SUMC in the past 2 years.</p> <p>Minimum 5 cases at SUMC required in the past 2 years</p>	1 chart review
<input type="checkbox"/>	Maxillofacial Prosthodontics	Successful completion of fellowship in maxillofacial prosthodontics required. Minimum (10) cases documented in the past 2 years.	<p>_____ # of cases performed at SUMC in the past 2 years.</p> <p>Minimum 5 cases at SUMC required in the past 2 years</p>	1 chart review

<input type="checkbox"/>	Dental Implants	Successful completion of ADA accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), Oral and Maxillofacial Surgery or Periodontal Surgery training programs, or equivalent foreign training program <i>OR</i> Minimum (10) cases documented in the past 2 years.	____ # of cases preformed at SUMC in the past 2 years.  Minimum 5 cases at SUMC required in the past 2 years	1 chart review
<b>SPECIAL PRIVILEGES FOR ORAL &amp; MAXILLOFACIAL SURGERY</b> (MUST ALSO MEET THE CORE CRITERIA FOR DENTISTRY; OMS WHO ARE RECENT GRADUATES (WITHIN 2 YEARS) OF AN ORAL AND MAXILLOFACIAL SURGERY RESIDENCY MUST DEMONSTRATE THE SUCCESSFUL PERFORMANCE OF MAJOR ORAL AND MAXILLOFACIAL SURGERY ON A MINIMUM OF 75 PATIENTS DURING THE OMS RESIDENCY, NO MORE THAN FIVE OF WHOM REQUIRED DENTOALVEOLAR SURGERY)				
<input type="checkbox"/>	Administration of Moderate Sedation	Must pass SHC or LPCH Sedation Test and current certification and active participation in the examination process leading to certification by American Board of Oral and Maxillofacial Surgery. Minimum 10 cases documented in the past 2 years.	____ # of cases preformed at SUMC in the past 2 years.  Minimum 6 cases at SUMC required in the past 2 years	2 chart reviews
<input type="checkbox"/>	General Oral and Maxillofacial Surgery (Tumors, Infections, TMJ)	Successful completion of an ADA approved Oral and Maxillofacial Surgery training program or equivalent foreign training program <i>and</i> documentation from residency training; Board certification by American Board of Oral and Maxillofacial Surgeons preferred. Minimum 10 cases for General Oral and Maxillofacial Surgery (Tumors, Infections, TMJ) documented in the past 2 years.	____ # of cases preformed at SUMC in the past 2 years.  Minimum 6 cases at SUMC required in the past 2 years	2 chart reviews
<input type="checkbox"/>	Maxillofacial Trauma	Successful completion of an ADA approved Oral and Maxillofacial Surgery training program or equivalent foreign training program <i>and</i> documentation from residency training; Board certification by American Board of Oral and Maxillofacial Surgeons preferred. Minimum 10 cases for Maxillofacial Trauma documented in the past 2 years.	____ # of cases preformed at SUMC in the past 2 years.  Minimum 6 cases at SUMC required in the past 2 years	2 chart reviews
<input type="checkbox"/>	Orthognathic and Craniofacial Surgery	Successful completion of an ADA approved Oral and Maxillofacial Surgery training program or equivalent foreign training program <i>and</i> documentation from residency training; Board certification by American Board of Oral and Maxillofacial Surgeons preferred. Minimum 10 cases for Orthognathic and Craniofacial Surgery documented in the past 2 years.	____ # of cases preformed at SUMC in the past 2 years.  Minimum 6 cases at SUMC required in the past 2 years	2 chart reviews

**\*\* On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

**NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED and MUST BE COMPLETED WITHIN 12 MONTHS**

**ACKNOWLEDGMENT OF PRACTITIONER:**

*I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.*

*I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.*

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

If sending by email, type your name in the box above.

If sending by mail, please print first and then sign.