

INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
 - You must meet the initial criteria detailed on the DOP
 - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
 - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
<p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

IMAGE #2

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

ATRIUM HEALTH
REAPPOINTMENT DOP
SPECIALTY OF DENTISTRY

PRINT YOUR NAME: _____

To be eligible for privileges in Dentistry, all applicants are to apply for Dentistry standard core privileges (CDEN-1) and must provide documentation of:

- being a graduate of a dental school accredited by the Commission on Dental Accreditation (CODA), or entities with reciprocity with CODA **OR**
- successfully completed a post-doctoral advanced general practice or specialty residency program accredited by CODA or entities with reciprocity with CODA

Dental specialists in the following specialties recognized by the American Dental Association (ADA) and the American Board of Dental Specialties (ABDS) [endodontics, oral medicine, orthodontics, pediatric dentistry, prosthodontics, and periodontics] seeking corresponding dental specialty core privileges to practice their specialty must:

- provide documentation of successfully completing a specialty residency program accredited by CODA **OR**
- be board certified in their dental specialty area according to the applicable Atrium Health Bylaws **OR**
- be board certified within five (5) years of completion of their specialty training program, in their specialty area according to the applicable Atrium Health Bylaws

Dentists applying to treat patients at any Atrium Health **in-patient, or hospital emergency room settings** and otherwise seeking admitting privileges must apply for **hospital dentistry special privileges (CDEN-2)** and fulfill the following:

- provide documentation of successfully completed a post-doctoral hospital-based advanced general dentistry or dental specialty residency program accredited by CODA, or entities with reciprocity with CODA, with training that must include documented experience from the residency program director, chair or chief of dentistry of the hospital department where training was received in inpatient and emergency room settings **OR**
- provide documentation of the number and types of hospital-based inpatient and emergency room consults / procedures performed during the past two (2) years

Dentists applying to treat patients at any Atrium Health **operating room setting** and otherwise seeking admitting and operating room privileges must apply for **operating room special privileges (CDEN-10)** and fulfill the following:

- provide documentation of successfully completed a post-doctoral hospital-based advanced general dentistry or dental specialty residency program accredited by CODA, or entities with reciprocity with CODA, with training that must include documented experience from the residency program director, chair or chief of dentistry of the hospital department where training was received with operating room experience and in the pre, intra, and post-operative management of patients **OR**
- provide documentation of the number and types of operating room cases performed during the past two (2) years

Dentists applying for privileges to perform at any Atrium Health facility specific procedures outside of the scope of general dentistry, or their specialty must apply for the corresponding **special privilege (CDEN-11 – CDEN-33)** and fulfill the following:

- specify the number of the specific procedure performed during the past two (2) years and provide documentation of at least three (3) cases performed over the past two (2) years **OR**
- provide documentation supporting training and/or competence in the specific procedure from the course director, certifying body, residency program director, chair or chief of dentistry of the department or institution where training in that procedure was received

Applicants have the burden, voluntarily or at the request of the Hospital or Department Chief, of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any questions.

NOTE 1: Dentists must apply for “CORE” privileges in order to be eligible for clinical privileges in the Specialty of Dentistry at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: An adequate history and physical examination must be performed by a qualified member of the Medical and Dental Staff on every patient taken to the operating room.

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		DENTISTRY STANDARD CORE PRIVILEGES
			N/A							CDEN-1	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages with general dentistry problems and conditions.</p> <p>Privileges include the following at the level and competence of a general dentist: clinical comprehensive oral evaluations, ordering and interpretation of diagnostic imaging and tests, oral pathology, restorations, removable and fixed prosthodontics, endodontics, extraction of teeth and other oral minor oral surgical procedures (small tori and lateral exostoses, minor soft tissue biopsies, extraction of soft tissue impacted teeth), diagnosis and management of temporomandibular and occlusal disorders, occlusal splints.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		HOSPITAL DENTISTRY SPECIAL CORE PRIVILEGES
			N/A							CDEN-2	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages with general dentistry problems and conditions in the emergency room and inpatient settings.</p> <p>Privileges include those outlined for general dentistry above and include (but not limited to): dental consultations on hospitalized in-patients, intraoral I&D of abscess, dentoalveolar splinting for trauma, simple repair of intraoral or perioral lip lacerations.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CDEN-3	Privileges include evaluation and management, as well as dental procedures approved for performance within the rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

*** DENTAL SPECIALTY CORE PRIVILEGES - SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ENDODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-4	Evaluate, diagnose, treat, and provide consultation to patients of all ages with endodontic problems and conditions. Privileges include endodontic therapy, endodontic retreatment, post placement, apexification/recalcification and apicoectomy/periradicular surgery.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ORAL MEDICINE STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-5	Evaluate, diagnose, treat and provide consultation to patients of all ages with oral medicine problems. Privileges include diagnosis and non-surgical management of oral and maxillofacial pain, oral lesions, salivary gland disorders, and the dental management of medically complex patients, biopsy of intraoral soft tissues and alveolar bone tissue, intralesional injections of medicaments and extraoral injections.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC DENTISTRY STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-6	<p>Evaluate, diagnose, treat and provide consultation to children with dental and periodontal problems.</p> <p>Privileges include restorations, stainless steel crowns, space maintenance, extractions, pulpotomies – primary dentition and pulpectomies – primary dentition; as well as management of mucosal lesions and odontogenic and soft tissue trauma in children.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PERIODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-7	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages with periodontal problems and conditions.</p> <p>Privileges include non-surgical periodontal services as well as periodontal surgical procedures including gingivectomy and gingivoplasty, anatomical crown exposure, clinical crown lengthening, guided tissue procedures, osseous surgery, bone grafting, alveolar ridge augmentation and socket preservation, soft tissue allografts, provisional splinting.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PROSTHODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-8	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages who need fixed and removable prosthodontic care.</p> <p>Privileges include all aspects of complete and partial dentures, implant/abutment supported removable and fixed appliances, crown and bridge, and other intraoral implant services.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ORTHODONTIC STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-9	<p>Evaluate, diagnose, treat and provide consultation to patients of all ages for problems, conditions and/or orthodontic dental maladies.</p> <p>Privileges include minor tooth movement, interceptive and comprehensive orthodontic treatment, and removable and fixed appliance therapy for harmful habits.</p>

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS.**

- For initial application, addition of a special privilege or reappointment, the Dentist must submit proof of at least three (3) cases performed over the past two (2) years for each special privilege based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges **OR** provide proof of training and competence in the special privilege requested as denoted above.
- For those who would like to apply to continue to hold any special privileges but are unable to fulfill either of the two above criteria will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.
- The Department Chief may appoint a committee to determine if the Candidate's documentation is sufficient for approval. These cases will be examined by a committee appointed by the Chief, consisting of dentists trained and experienced in this field, and which will make a recommendation to the Chief. Approval will be granted based on the strength of the candidates training and clinical experience with these cases. Provisional approval may be granted subject to the candidate performing a specified number of cases under the supervision of a dental staff member appointed by the Chief.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	DENTISTRY SPECIAL PRIVILEGES		Number Within The Past 2 Years
			N/A							Must apply for and maintain a Core Privilege		
			N/A							CDEN-10*	Operating room privileges	
			N/A							CDEN-11*	Sleep apnea appliance	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ENDODONTIC SPECIAL PRIVILEGES¹		Number Within The Past 2 Years
			N/A							Must apply for and maintain a Core Privilege		
			N/A							CDEN-12*	Apicoectomy/periradicular surgery	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PERIODONTAL SPECIAL PRIVILEGES²		Number Within The Past 2 Years
			N/A							Must apply for and maintain a Core Privilege		
			N/A							CDEN-13*	Clinical crown lengthening	
			N/A							CDEN-14*	Periodontal osseous graft	
			N/A							CDEN-15*	Guided tissue procedure	
			N/A							CDEN-16*	Mucogingival surgery – including soft tissue grafts	
			N/A							CDEN-17*	Alveolar ridge augmentation/socket preservation	

¹ Endodontists are exempt from applying for these special privileges

² Periodontists are exempt from applying for these special privileges

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PROSTHODONTIC SPECIAL PRIVILEGES³ Must apply for and maintain a Core Privilege	Number Within The Past 2 Years	
			N/A							CDEN-18*	Implant supported intraoral removable prostheses	
			N/A							CDEN-19*	Implant supported fixed dental restorations	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ORTHODONTIC SPECIAL PRIVILEGES⁴ Must apply for and maintain a Core Privilege	Number Within The Past 2 Years	
			N/A							CDEN-20*	Space maintainers ⁵	
			N/A							CDEN-21*	Minor tooth movement ⁵	
			N/A							CDEN-22*	Interceptive orthodontic treatment ⁵	
			N/A							CDEN-23*	Comprehensive orthodontic treatment (using fixed or removable appliances)	
			N/A							CDEN-24*	Removable appliance therapy for harmful habits ⁵	
			N/A							CDEN-25*	Fixed appliance therapy for harmful habits ⁵	

³ Prosthodontists are exempt from applying for these special privileges

⁴ Orthodontists are exempt from applying for these special privileges

⁵ Pediatric Dentists are exempt from applying for these special privileges

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	SURGICAL SPECIAL PRIVILEGES		Number Within The Past 2 Years
			N/A							CDEN-26*	Extraction of partial bony impacted teeth	
			N/A							CDEN-27*	Extraction of full bony impacted teeth	
			N/A							CDEN-28*	Exposure of unerupted teeth	
			N/A							CDEN-29*	Surgical placement of dental implants ⁶	
			N/A							CDEN-30*	Biopsy of intraoral soft tissues ⁷	
			N/A							CDEN-31*	Biopsy of alveolar bone tissue ⁷	
			N/A							CDEN-32*	Electrosurgery - Laser	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	MAXILLOFACIAL PROSTHODONTIC SPECIAL PRIVILEGES		Number Within The Past 2 Years
			N/A							CDEN-33*	Obturator and maxillofacial protheses (e.g.: prosthetic eyes, nose, ears)	

⁶ Periodontists are exempt from applying for these special privileges

⁷ Oral Medicine and Periodontists are exempt from applying for these special privileges

PRIVILEGES REQUESTED BY:

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 Atrium Health and;

I understand that:

- (a) 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.
- (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.

_____, D.D.S./D.M.D. _____
Name Date

Print Name