



Carolinan HealthCare System
NorthEast

**DELINEATION OF PRIVILEGES
INDEPENDENT PRACTITIONER
SPECIALTY OF DENTISTRY**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- My DOP is accurate and reflects privileges relevant to my current practice
- I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

N/A NO MAINTENANCE REQUIRED

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.



Carolinah HealthCare System
NorthEast

**Independent Practitioners
Dentistry
Delineation of Privileges**

Name: _____

- Initial Appointment
- Reappointment

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Other Requirements: Note that privileges granted may be exercised only at the site(s) and/or settings(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

NOTE 1: Applicant must apply for “CORE” privileges in order to be eligible for special procedure clinical privileges at Carolinas HealthCare System NorthEast.
NOTE 2: “CORE” privileges cannot be amended or altered in any way.

QUALIFICATIONS

Initial Privileges: To be eligible to apply for core privileges in Dentistry, the applicant must meet the following qualifications:

- DDS or DMD and successful completion of an approved one-year general practice residency (general dentists) or specialty training program (specialists);

And

- Demonstration that he/she has provided full time dental services for at least 12 of the last 18 months. (Documentation of experience should be attached and letters of reference should be from those familiar with the applicant’s current status and dental practice).

Renewal of privileges: To be eligible to renew core privileges in Dentistry, the applicant must meet the following Maintenance of Privilege criteria:

- Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. Specialty specific CME is required.

SPECIAL REQUIREMENT

A dentist will be required to admit in conjunction with an Active member of the Carolinas HealthCare System NorthEast Medical Staff. The physician member of the medical staff assumes responsibility for the overall aspects of the patient’s



Carolinan HealthCare System NorthEast

care throughout the hospital stay, including performing and recording the medical history and physical examination and recording a medical discharge summary. Patients admitted to the hospital for dental care must be given the same appraisal as patients admitted for any other service. The physician supervision continues until the discharge of the patient.

An Active member of the medical staff is responsible for the care of any medical problem that may be present or that may arise during the hospitalization of dental patients. The dentist is responsible for the dental care of the patient including a dental history and physical examination and all appropriate elements of the patient's record.

Core Privileges: Dentistry

Requested

Core privileges in dentistry include the ability to consult, work up, and provide diagnostic, preventive and therapeutic oral health care to patients of all ages to correct or treat various routine conditions of the oral cavity. The core does not include the "special requests".

Non-Core Privileges

Criteria: To be eligible to apply for a non-core privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Requested - Extractions below the gum line

Requested - Jaw bone prep for oral prosthesis

Non-core Privilege: Endodontics

Requested

Criteria: Successful completion of Endoscopic Residency training program.

Non-core Privilege: Pedodontics

Requested

Criteria: Successful completion of Pedodontics Residency training program.

Non-core Privilege: Prosthodontics

Requested

Criteria: Successful completion of Prosthodontics Residency training program.

Non-core Privilege: Moderate Sedation

Requested

Qualifications

- To be eligible to apply for moderate sedation privileges, a practitioner must be an MD, DO, or DDS with current certification in ACLS OR PALS OR ATLS; **AND**
- Evidence of review of American Society of Anesthesiologists video and/or literature *Sedation and Analgesia by Non-Anesthesiologists* and completion of post-test (score of $\geq 70\%$); **AND**
- Demonstrate knowledge of the use of moderate sedation drugs and their proper dosages, administration, adverse reactions, and interventions for adverse reactions and overdoses.

Reappointment: At the time of reappointment, practitioners must demonstrate that they have maintained competency by:

- Successful completion of the *Sedation and Analgesia by Non-Anesthesiologists test* and performance of ten (10) cases within the past 24 months; **OR**
- Obtain current certification in ACLS OR PALS OR ATLS and successful completion of the *Sedation and Analgesia by Non-Anesthesiologists test*; **OR**



Carolinus HealthCare System
NorthEast

- Documentation of attendance at an approved course in airway management and successful completion of the *Sedation and Analgesia by Non-Anesthesiologists test*.

ACKNOWLEDGEMENT 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 Carolinus HealthCare System NorthEast 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.
- (c) Adverse clinical privilege(s) actions are subject to the reporting requirements of the National Practitioner Data Bank and North Carolina Medical Board.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signed _____

Date _____

Print Name