ATRIUM HEALTH CLEVELAND
REAPPOINTMENT
DELINEATION OF PRIVILEGES
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 HIGHLIGHTED BELOW, YOU MUST PROVIDE THE MAINTENANCE CRITERIA AS DESCRIBED, IN ORDER TO MAINTAIN THE PRIVILEGE. THIS ATTESTATION AND ANY MAINTENANCE CRITERIA MUST BE RETURNED TOGETHER.

N/A - NO MAINTENANCE CRITERIA

STOP:

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

Carolinas HealthCare System
CLEVELAND

Name: _____

General Dentistry Core Privileges Qualifications
To be eligible for core privileges in general dentistry, the applicant must meet the following qualifications:

- Demonstration of the performance of at least 10 outpatient and/or inpatient procedures while in training in a hospital setting in the past two years, or the performance of at least 10 inpatient procedures within the last two years while in practice;

and

- Successful completion of an American Dental Association–accredited school of dentistry with a DDS or DMD;
  and
- Successful completion of an approved postgraduate program of at least one year accredited by the Commission on Dental Accreditation; or
- Current certification or active participation in the examination process leading to certification by the American Dental Association.

Privileges included in the Core
Privileges to co-admit, consult, evaluate, diagnose, and provide diagnostic, preventive, and therapeutic oral healthcare to patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various routine conditions of the oral cavity. **Privileges include but not limited to the following:**

PERIODONTAL
Flap curettage
Free - gingival grafting
Gingivectomy
Osseous surgery
Pre-surgical technique - root planing and curettage

RESTORATIVE
Amalgam restoration - adult and primary
Composite restoration - adult and primary
Sedative - adult and primary
Stainless steel crown - adult and primary

PROSTHETIC
Fixed full coverage restoration - porcelain fused to metal - single and multiple units Implants
Removable
Full denture fabrication
Partial denture fabrication

ENDODONTICS
Single canal root therapy
Apicoectomy
Incision and Drainage associated with endodontic therapy
Multiple canal root therapy
Pulpotomy - adult and primary dentition
Retrograde Therapy

_____

RADIOLOGY
Periapical
Panoramic

Simple extractions / Soft Tissue Biopsy

ORAL SURGERY
Alveolectomy/Alveoloplasty associated with dentulous ridge
Alveolectomy/Alveoloplasty associated with extraction
Biopsy - hard and soft tissue
Extraction of single and multiple root teeth
Extraction of soft tissue and partial bony impactions
Reduction of fractures of mandible, zygoma, maxilla, orbital floor

☐ Requested	☐ Recommended	☐ Not Recommended
☐ Recommended with the following modification(s) and reason(s):		

Recommended/Not recommended with the following modification(s) and reason(s):

_____

_____

Name: _____

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 Cleveland, 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.

Signed: _____

Date: _____

Reviewed and Revised: June 2004; June 2006; 2010