

CAROLINAS HEALTHCARE SYSTEM LINCOLN
DELINEATION OF PRIVILEGES
SPECIALTY OF DENTISTRY

I have reviewed the DOP/Roster provided to me by MSS. My signature attests that it is accurate and reflects the privileges relevant to my current practice.

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.

Maintenance Criteria for Continued Privileges (DEN-1):

For any privileges that are granted during initial credentialing, the Practitioner must perform a minimum of ten (10) representative samples of dental inpatient, outpatient, emergency service, or consultative procedures over a twenty-four (24) month period to be eligible to reapply for General Dentistry Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any General Dentistry Core privileges (DEN-1) 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

STOP:

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

**CAROLINAS HEALTHCARE SYSTEM LINCOLN
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Print Name

- Initial appointment**
- Reappointment**
- Updated DOP/Sponsoring Physician Change**

	YES		NO*	I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past twenty-four (24) months.
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***If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

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

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

1. Successful completion of an American Dental Association-approved school of dentistry accredited by the Commission of Dental Accreditation; **AND**
2. Successful completion of a hospital-based residency in general dentistry, a dental specialty residency training program, or equivalent experience as a dentist member of a hospital medical staff; **AND**
3. Demonstrate the performance of at least twenty (20) dental inpatient, outpatient, emergency service, or consultative procedures, reflective of the scope of privileges requested in the past twenty-four (24) months or successful completion of an accredited training program in the past twenty-four (24) months;

OR

1. Successful completion of an American Dental Association-approved school of dentistry accredited by the Commission of Dental Accreditation; **AND**
2. Provide documentation from the Applicant's outpatient practice setting to include three (3) cases of each of the following: soft tissue surgery, operative restorations, and extractions in lieu of hospital data. These must be cases that have been managed in the most recent twenty four (24) month period; **AND**
3. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to the Appointee.

NOTE 1: Physicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of Dentistry.
 NOTE 2: "CORE" privileges cannot be amended or altered in any way.

Please check appropriate blocks when applying for privileges:

CHSL		GENERAL DENTISTRY STANDARD CORE PRIVILEGES
	DEN-1	Consult, evaluate total oral health needs, diagnose, and provide general dental diagnostic, preventative, and therapeutic oral healthcare to patients of all ages to correct or treat various routine conditions of the oral cavity and dentition. To Include oral care for: pre-cardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions, children five year of age and under who due to extensive nature of dental problems or sever anxiety cannot be treated safely in a dental clinic setting, children of any age who because of mental disability such as autism, down syndrome, etc., or physical disability such as sever cerebral palsy cannot be safely treated in the dental clinic setting, adults who because of mental or physical disability cannot cooperate with dental treatment in a dental clinic setting, or children and adults with high risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR. Assess, stabilize, and determine disposition of patients with emergency conditions consistent with medical staff policy regarding emergency and consultative call services. The core procedures in this specialty include the procedures below and such other procedures that are extensions of the same technique and skill.

DEN-1 privileges include performance of history and physician exam, crown and bridge preparation, manage extremely fearful patients, minor soft tissue surgery and repair with oral cavity to include frenectomy and suturing of lacerations, operative restorations, prosthetic replacement of teeth, simple extractions, space maintenance, and splinting (fixed).

Maintenance Criteria for Continued Privileges (DEN-1):

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*SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA) To be eligible to apply for a special 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. Examples of appropriate sources of training are listed below.

CHSL		DENTISTRY PROCEDURES	SPECIAL			
			Minimum Number Required	Number Performed	Year	Location
	*DEN-2	Use of laser	5			

***DEN-2 REQUEST FOR USE OF LASER PRIVILEGES**

PLEASE PRESENT EVIDENCE OF TRAINING IN:

1. Physics and Safety
2. Application of the requested laser (i.e. course work with lab usage of each laser requested, documentation of handson experience, etc.)

SOURCE OF TRAINING:

1. RESIDENCY: Please include the location, dates, type of residency and the name and address of the practitioner responsible for your training, **OR**
2. POST GRADUATE PROGRAM: Please include *course description, copy of course certificate, and the name and address of the practitioner responsible for your training, **AND**
3. CASE EXPERIENCE AT OTHER HOSPITALS: Please provide a list of cases and the name and address of the proctoring physician(s).

*Courses attended to change or advance privileges must be courses that have been recognized for Category I American Medical Association Physicians Recognition Award credit and/or are sponsored by a medical organization whose board is a member of the American Board of Medical Specialties/American Osteopathic Association and/or approved by the Department of Surgery of the Carolinas HealthCare System Lincoln (CHSL).

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 Carolinas HealthCare System Lincoln (CHSL), 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.

Signature

Date

Print Name

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Approval by the Medical Executive Committee-Lincoln: 11/15/2011, 11/11/2014
Approval by the Board of Commissioners: 12/13/2011, 12/09/2014
Administrative Update: 03/08/2016

