

**REAPPOINTMENT
DELINEATION OF PRIVILEGES
SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY**

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.

Maintenance Criteria for Continued Privileges – COSU-1: - DENTOALVEOLAR SURGERY CORE PRIVILEGES

The Physician must submit a minimum of five (5) Dentoalveolar Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-2: - DENTAL AND CRANIOMAXILLOFACIAL IMPLANTS CORE PRIVILEGES

The Physician must submit a minimum of five (5) Dental and Craniomaxillofacial Implant procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-3:- SURGICAL CORRECTION OF MAXILLOFACIAL DEFORMITIES (ORTHOGNATHIC SURGERY) CORE PRIVILEGES

The Physician must submit a minimum of five (5) Surgical Correction of Maxillofacial Deformity procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-4: - TRAUMA SURGERY CORE PRIVILEGES

The Physician must submit a minimum of five (5) Trauma Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-5: - TEMPOROMANDIBULAR JOINT SURGERY (TMJ) CORE PRIVILEGES

The Physician must submit a minimum of five (5) Temporomandibular Joint Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-6: - PATHOLOGY CORE PRIVILEGES

The Physician must submit a minimum of five (5) Pathology procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-7: - RECONSTRUCTIVE SURGERY CORE PRIVILEGES

The Physician must submit a minimum of five (5) Reconstructive Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-8: - CLEFT AND CRANIOFACIAL SURGERY CORE PRIVILEGES

The Physician must submit a minimum of five (5) Cleft and Craniofacial Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Maintenance Criteria for Continued Privileges – COSU-9: - COSMETIC MAXILLOFACIAL SURGERY CORE PRIVILEGES

The Physician must submit a minimum of five (5) Cosmetic Maxillofacial Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

STOP:

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

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY**

Print Name

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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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.**

- Initial appointment** **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Oral and Maxillofacial Surgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified by the American Board of Oral and Maxillofacial Surgery (ABOMS) the applicant must:
 1. Provide documentation of successful completion of a hospital-based oral and maxillofacial surgical residency accredited by the ADA Commission on Dental Accreditation, within the past five (5) years; **AND**
 2. Verification from the residency program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
- If the applicant is currently certified by the American Board of Oral and Maxillofacial Surgery (ABOMS), the applicant must:
 1. Demonstrate performance of oral and maxillofacial surgery procedures for least five hundred (500) patients in the past two (2) years.
- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Oral and Maxillofacial Surgery privileges by meeting the following qualifications:
 1. Demonstrate sufficient experience in Oral and Maxillofacial Surgery skills to safely undertake the full spectrum of Oral and Maxillofacial Surgery procedures. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name _____

NOTE 1: Physicians must apply for one of the “CORE” privileges in Oral and Maxillofacial Surgery Core Privileges (COSU-1 through COSU-7) in order to be eligible for clinical privileges in any of the specialty areas of Oral and Maxillofacial Surgery listed below at any facility within Atrium Health.

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

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		DENTOALVEOLAR SURGERY CORE PRIVILEGES
			N/A								COSU-1	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include management of odontogenic infections; extraoral incision and drainage - deep space infections; treatment of osteomyelitis of the jaw; sequestrectomy erupted, unerupted and impacted teeth including third-molar extractions and defects and deformities of the dentoalveolar complex; alveolectomy with or without exodontias; apicoectomy and pulpectomy of teeth; cutaneous fistula, closure and/or repair; excision of hyperplastic tissue; frenulectomy or operation of tongue-tie; Jaw-repositioning of muscles attached to the jaw; operations of gingiva; oral and nasal antral fistula closure; removal or exposure of impacted teeth; removal of erupted teeth – surgical or non-surgical; tooth reimplantation, transplantation and repositioning; removal of maxillofacial tori and exostoses; tuberosity reduction and/or plasty; Caldwell-Luc and nasal antrostomy procedures.</p>

Maintenance Criteria for Continued Privileges – COSU-1:

The Physician must submit a minimum of five (5) Dentoalveolar Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		CORE ORAL AND MAXILLOFACIAL SURGERY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	COSU-10	Privileges include evaluation, assessment, diagnosis, consultation and management, and performance of minor surgical procedures, to patients with physical and/or cognitive impairments and disability, in conjunction with the comprehensive rehabilitation goals and treatment plans.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		DENTAL AND CRANIOMAXILLOFACIAL IMPLANTS CORE PRIVILEGES
			N/A								COSU-2	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include maxillary and/or mandibular endosseous; maxillary and/or mandibular subperiosteal as well as maxillofacial implants for securing maxillofacial prostheses.</p>

Maintenance Criteria for Continued Privileges – COSU-2:

The Physician must submit a minimum of five (5) Dental and Craniomaxillofacial Implant procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		SURGICAL CORRECTION OF MAXILLOFACIAL DEFORMITIES (ORTHOGNATHIC SURGERY) CORE PRIVILEGES
			N/A								COSU-3	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include genioplasties (advancement, reduction, augmentation); implants related to maxillofacial correction or reconstruction; mandibular osteotomies – total and/or segmental; maxillary/midface segmental osteotomies; primary or secondary bone graft of alveolar cleft; ramus and body procedures; craniofacial operations; reconstruction of maxilla and mandible with autogenous bone and soft tissue grafts; septoplasty associated with orthognathic surgery or facial reconstruction; subapical segmental osteotomies; submental lipectomy in conjunction with orthognathic surgery; submucous resection of inferior turbinates in conjunction with orthognathic surgery; surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones; surgical procedures include ramus and body procedures, and subapical segmental osteotomies, Caldwell-Luc and nasal antrostomy procedures.</p>

Maintenance Criteria for Continued Privileges – COSU-3:

The Physician must submit a minimum of five (5) Surgical Correction of Maxillofacial Deformity procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		TRAUMA SURGERY CORE PRIVILEGES
			N/A								COSU-4	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include alveolar injuries; arch bar and prosthetic device application; auricle and scalp injuries; bone plate/wire osteosynthesis; closure and repair of fistula; cricothyroidotomies; fracture of mandible, open and closed reduction, including fixation; fractured and luxated teeth; frontal bone and frontal sinus injuries; insertion of extraoral pin fixation; jaw -reduction dislocation jaw, TMJ; lacerations; mandibular angle, body, ramus, and symphysis injuries; mandibular condyle injuries and dislocation; maxilla, closed reduction, open reduction, including fixation; maxillary, zygomatic, orbital, and nasal bone injuries; nasal fractures, open and closed reduction; naso-orbital-ethmoid complex injuries; oral/perioral, perinasal, and facial soft-tissue injuries; retrieval of foreign body; scar revisions including dermabrasion; trachostomies; zygomatico-maxillary complex fractures – open and closed reduction, including fixation; zygomatic arch fractures – open and closed reduction.</p>

Maintenance Criteria for Continued Privileges – COSU-4:

The Physician must submit a minimum of five (5) Trauma Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		TEMPOROMANDIBULAR JOINT SURGERY (TMJ) CORE PRIVILEGES
			N/A								COSU-5	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include arthroscopy, diagnostic and operative; arthroplasty; arthrotomy; condylectomy; coronoidectomy; dislocation reduction; excision of tumors; injections; freeing adhesions of jaw (TMJ); ramus and body procedures; reconstruction with costal chondral graft or other autologous tissue; reconstruction with total joint prostheses; subapical segmental osteotomies; surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones; total joint replacement or reconstruction; treatment of dysfunctions; Bone Harvesting (other than Iliac Crest Bone) for the reconstruction of cases in the maxillofacial environment; use of adjunct energy sources such as lasers and cryosurgery.</p>

Maintenance Criteria for Continued Privileges – COSU-5:

The Physician must submit a minimum of five (5) Temporomandibular Joint Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		PATHOLOGY CORE PRIVILEGES
			N/A								COSU-6	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include diagnosis and management of the pathological conditions of benign and malignant soft-tissue tumors; cyst of bone, benign and malignant bone tumors; management of head and neck infections; metabolic and dystrophic bone diseases; mucosal diseases; osteomyelitis; osteoradionecrosis; salivary gland diseases, infections, local or systemic; sialolithotomy, sialoadenectomy; soft-tissue cysts; surgical procedures of the maxillary sinus; systectomy of bone and soft tissue; trigeminal nerve surgery; vascular malformations of soft tissue and bone, cysts – excision of odontogenic and non-odontogenic cysts and tumors of the hard and soft oral tissues; biopsy – mouth, throat, skin and subcutaneous, and bone to include marrow; glossectomy, partial; jaw: division of jawbone, excision of joint structure of jaw, excision lesion jaw, incision of jaw; lip lesion – excision of non-malignant lip lesions with repair; mandibulectomy – partial or total (non-malignant); maxillectomy, partial (non-malignant); sialolithotomy; styloid process and ligament surgery; sublingual gland, submandibular gland, excision of suspected benign process; oral tissue defects – reconstruction of hard and soft oral tissue defects, Caldwell-Luc and nasal antrostomy procedures.</p>

Maintenance Criteria for Continued Privileges – COSU-6:

The Physician must submit a minimum of five (5) Pathology procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		RECONSTRUCTIVE SURGERY CORE PRIVILEGES
			N/A								COSU-7	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include augmentation procedures; bone grafting and soft tissue grafting procedures; distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve and fascial; facial cleft repair; insertion of craniofacial implants; insertion of implants (distant bone graft sites may include but are not limited to the calvaria, rib, ilium, fibula and tibia; management of continuity defects; other reconstructive surgery of the oral and maxillofacial region; temporomandibular joint reconstruction including total joint replacement; vestibuloplasties.</p>

Maintenance Criteria for Continued Privileges – COSU-7:

The Physician must submit a minimum of five (5) Reconstructive Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

CLEFT AND CRANIOFACIAL SURGERY CORE PRIVILEGES

To be eligible for core privileges in Cleft and Craniofacial Surgery Core Privileges, the applicant must:

1. Provide documentation of successful completion of an accredited fellowship in cleft and craniofacial surgery within the past five (5) years. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
1. Provide documentation of the performance of at least ten (10) cleft and craniofacial surgery procedures during the past two (2) years.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		CLEFT AND CRANIOFACIAL SURGERY CORE PRIVILEGES
			N/A								COSU-8	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include correction of primary cleft lip and palate, velopharyngeal incompetence, residual cleft lip and/or nasal deformities (secondary), maxillary alveolar cleft, residual maxillofacial skeletal deformities (secondary), craniofacial deformities (intracranial approach), Lefort I, Lefort II and Lefort III osteotomies, and orbital and nasoorbital deformities.</p>

Maintenance Criteria for Continued Privileges – COSU-8:

The Physician must submit a minimum of five (5) Cleft and Craniofacial Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

Print Name _____

COSMETIC MAXILLOFACIAL SURGERY CORE PRIVILEGES

To be eligible for core privileges in Cosmetic Maxillofacial Surgery Core Privileges, the applicant must:

1. Provide documentation of successful completion of an accredited fellowship in cosmetic maxillofacial surgery within the past five (5) years. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
1. Provide documentation of the performance of at least ten (10) cosmetic maxillofacial surgery procedures during the past two (2) years.

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		COSMETIC MAXILLOFACIAL SURGERY CORE PRIVILEGES
			N/A								COSU-9	<p>Evaluate, diagnose, treat, perform history and physicals, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management.</p> <p>Privileges include diagnosis and management of chin deformities, maxillofacial contour deformities, external ear deformities, maxillofacial lipomatosis, eyelid deformities, nasal deformities, cervicofacial soft tissue redundancies, forehead and brow deformities, cutaneous tissue deformities, hair pattern deformities. Privileges include osteotomies and placement of autografts or alloplastic implants, otoplasty; lipectomy, suction-assisted or excisional; blepharoplasty, brow lift, septoplasty, rhinoplasty, rhytidectomy, dermabrasion, chemical peel, introduction of injectable materials, hair transplantation and flaps; Bone Harvesting (other than Iliac Crest Bone) for the reconstruction of cases in the maxillofacial environment; use of adjunct energy sources such as lasers and cryosurgery.</p>

Maintenance Criteria for Continued Privileges – COSU-9:

The Physician must submit a minimum of five (5) Cosmetic Maxillofacial Surgery procedures during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold 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.

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.

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.

Signature

Date

Print Name

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CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. COSU-1)
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