

**ATRIUM HEALTH
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 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.

Special Privileges DEN-12 through 42:

Maintenance Criteria for Continued Privileges: It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to must show evidence of having performed a **minimum of ten (10) representative samples of the special procedures** over a twenty-four (24) month period to be eligible to reapply for these privileges. This will be reviewed at the time of reappointment

STOP:

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

CAROLINAS HEALTHCARE SYSTEM
CAROLINAS MEDICAL CENTERS - CHARLOTTE
DELINEATION OF PRIVILEGES
SPECIALTY OF DENTISTRY

Print Name

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

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

Applicants for core privileges to supervise trainees and treat patients in the Department of Dentistry clinical settings must:

1. Provide documentation of successful completion of Parts 1 and 2 of the National Board of Dental Examiners or be a graduate of a dental school recognized by the Commission on Dental Accreditation or the American Dental Association **AND**,
2. If applying for additional privileges beyond the Core privileges below (DEN-8 through DEN-42), provide documentation of the number and types of hospital-based or outpatient cases during the past twenty-four (24) months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of training and current competence, and other qualifications and for resolving any doubts.

Dentists applying for admitting or operating room privileges or to otherwise treat patients at any Carolinas HealthCare System in-patient settings must:

1. **If a general dentist**, provide documentation of successful completion of an appropriate training program¹ recognized by the Commission on Dental Accreditation or the American Dental Association; **AND**
2. **If a dental specialist** (e.g., pediatric dentistry) must be board certified within five (5) years in their specialty area according to the applicable Carolinas Medical Centers-Charlotte Bylaws. 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.

Please check appropriate blocks when applying for privileges:

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Dentistry at any facility within Carolinas Medical Centers-Charlotte.

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 operating room.

NOTE 4: 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.

Print Name _____

Please check appropriate blocks when applying for privileges:

CMC	CHSU	CHSP	CR	DEN-1	GENERAL DENTISTRY STANDARD CORE PRIVILEGES
			N/A		Evaluate, diagnose, treat, and provide consultation to patients of all ages with general dentistry problems and conditions. Privileges include clinical comprehensive oral evaluations, diagnostic imaging, oral pathology, labs, restorations, removable and fixed prosthodontics, endodontics, and extraction of teeth.

CMC	CHSU	CHSP	CR		CORE DENTISTRY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		DEN-CR	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

CMC	CHSU	CHSP	CR	DEN-2	ENDODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A		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	CHSU	CHSP	CR	DEN-3	ORAL MEDICINE STANDARD SPECIALTY CORE PRIVILEGES
			N/A		Evaluate, diagnose, treat and provide consultation to patients of all ages with oral medicine problems. Privileges include diagnosis and non-surgical management of maxillofacial facial pain, oral lesions, salivary gland disorders, and the dental management of medically complex patients.

CMC	CHSU	CHSP	CR	DEN-4	PEDIATRIC DENTISTRY STANDARD SPECIALTY CORE PRIVILEGES
			N/A		Evaluate, diagnose, treat and provide consultation to children with dental and periodontal problems. 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.

Print Name _____

CMC	CHSU	CHSP	CR	DEN-5	PERIODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A		<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	CHSU	CHSP	CR	DEN-6	PROSTHODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A		<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	CHSU	CHSP	CR	DEN-7	ORTHODONTIC STANDARD SPECIALTY CORE PRIVILEGES
			N/A		<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>

Print Name _____

*** 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.**

CMC	CHSU	CHSP	CR		OTHER PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	DEN-8*	Operating Room Privileges	5		
			N/A	DEN-9*	Dental consultations on hospitalized patients	5		
			N/A	DEN-10	Sleep apnea appliance	5		
			N/A	DEN 11	Sialograms	5		

***DEN-8 OPERATING ROOM PRIVILEGES:**

In order to apply for these privileges the applicant must provide documentation of the following:

1. Documentation of successful completion of an American Dental Association (ADA) - approved, hospital-based general practice residency or ADA-recognized specialty program that includes anesthesia training (minimum of one-month, full-time rotation), and operating room protocol (formal surgery rotation with a major commitment to operating room cases); **AND**
 2. Training must include documented experience in the pre, intra, and post-operative management of inpatients from the residency program director or chief of staff of the hospital department where training was received.
- OR**
3. Dentists who do not meet the above requirements but who can produce documentation of training, experience and current competence may be considered for these privileges providing they have achieved board certification by the American Association of Hospital Dentists/Special Care Dentistry Association.

 Print Name

***DEN-9 DENTAL CONSULTATION ON HOSPITALIZED PATIENTS:**

In order to apply for these privileges the applicant must provide documentation of the following:

1. Documentation of successful completion of an ADA-approved, hospital-based general practice residency or specialty program; **AND**
 2. Documentation of experience answering inpatient consults must be obtained from the program director or chief of staff of the hospital where training was received.
- OR**
3. Dentists who do not meet the above requirements but who can produce documentation of such training, experience and current competence may be considered for this privilege providing they have achieved board certification by the American Association of Hospital Dentists/Special Care Dentistry Association or the American Board of Oral Medicine.

PLEASE NOTE: THE FOLLOWING PROCEDURES ARE NOT CONSIDERED TO BE A PART OF THE CORE PRIVILEGES FOR (DEN-1 thru DEN-7) AND ARE THEREFORE CONSIDERED SPECIAL PRIVILEGES APART FROM CORE. PROVIDE DOCUMENTATION OF THE NUMBER AND TYPES OF HOSPITAL-BASED OR OUTPATIENT CASES DURING THE PAST TWENTY-FOUR (24) MONTHS.

Please check appropriate blocks when applying for privileges:

CMC	CHSU	CHSP	CR	SPECIAL ENDODONTIC PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	DEN-12	Apicoectomy/periradicular surgery	5		
				SPECIAL PEDIATRIC DENTISTRY PRIVILEGES				
			N/A	DEN-13	Stainless steel crowns	5		
			N/A	DEN-14	Pulpotomies – primary dentition	5		
			N/A	DEN-15	Pulpectomies – primary dentition	5		
			N/A	DEN-16	Space maintenance	5		

CMC	CHSU	CHSP	CR	SPECIAL SURGICAL PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	DEN-17	Soft tissue impactions	5		
			N/A	DEN-18	Partial bony impactions	5		
			N/A	DEN-19	Full bony impactions	5		
			N/A	DEN-20	Removal of exostoses	5		
			N/A	DEN-21	Intraoral I&D of abscess	5		
			N/A	DEN-22	Dentoalveolar splinting for trauma	5		
			N/A	DEN-23	Repair of intraoral lacerations	5		
			N/A	DEN-24	Repair of perioral lip laceration	5		

Print Name _____

CMC	CHSU	CHSP	CR	SPECIAL SURGICAL PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	DEN-26 ³	Surgical placement of implants	5		
			N/A	DEN-27	Biopsy of intraoral soft tissues	5		
			N/A	DEN-28	Biopsy of alveolar bone tissue	5		
			N/A	DEN-29	Electrosurgery - Laser	5		
			N/A	DEN-30*	Dental implants	5		

***DEN-30 DENTAL IMPLANTS:**

In order to apply for these privileges the applicant must provide documentation of the following:

1. Applicants for privileges to place implants must provide documentation of formal training or acceptable clinical experience; **AND**
2. Candidates must document that at least 5 such procedures were done in the past two years.

OR

3. 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. Only implant systems with ADA approval (provisional or final) may be used.

Please check appropriate blocks when applying for privileges:

CMC	CHSU	CHSP	CR	SPECIAL PERIODONTAL PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	DEN-31	Crown lengthening	5		
			N/A	DEN-32	Gingival flap / osseous surgery	5		
			N/A	DEN-33	Periodontal osseous graft	5		
			N/A	DEN-34	Guided tissue procedure	5		
			N/A	DEN-35	Mucogingival surgery – including soft tissue grafts	5		
			N/A	DEN-36	Alveolar ridge augmentation/socket preservation	5		

Print Name _____

CMC	CHSU	CHSP	CR	SPECIAL ORTHODONTIC PRIVILEGES		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A	DEN-37	Minor tooth movement	5		
			N/A	DEN-38	Interceptive orthodontic treatment	5		
			N/A	DEN-39	Comprehensive orthodontic treatment	5		
			N/A	DEN-40	Removable appliance therapy for harmful habits	5		
			N/A	DEN-41	Fixed appliance therapy for harmful habits	5		
				MAXILLOFACIAL PROSTHODONTIC PRIVILEGES		Minimum Number Required	Number Performed Within The Past 24 Months	Location
			N/A	DEN-42	Obturator – Prosthetic eyes, nose and ears	5		

- ❑ Maintenance Criteria for Continued Privileges: It is noted that for any privileges that are granted during initial credentialing will require the Practitioner to must show evidence of having performed a minimum of ten (10) representative samples of the special procedures over a twenty-four (24) month period to be eligible to reapply for these privileges. This will be reviewed at the time of reappointment.

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 Medical Centers-Charlotte (CMC-C), 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
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Approval by Medical Executive Committees – 06/21/2012; 06/19/2014
Carolinas Medical Center: 10/30/07
Carolinas Medical Center-Mercy: 10/31/07
Carolinas Medical Center-University: 11/02/07

Approval by Board of Commissioners – 09/12/2012; 09/09/2014
Carolinas Medical Center: 12/04/07
Carolinas Medical Center-Mercy: 12/04/07
Carolinas Medical Center-University: 12/04/07