
Please Print Name

QUALIFICATIONS: Licensed physician (DDS or DMD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the dentist to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and the Emergency Department.

REQ = Requested APP = Approved

REQ	APP	Privileges Requested:
		History and physical examination relevant to delivery of dental care. (Hospital admission requires co-management with attending physician.)

CORE PROCEDURAL PRIVILEGES: All dentists are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years, must provide documentation of training and recent experience.

REQ	APP	Privileges Requested:
		GENERAL DENTISTRY Restoration and usual dental procedures performed by the General Dentist in the practice of dentistry as outlined by the American Dental Association.

SPECIAL PROCEDURES: All dentists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable)

REQ	APP	Privilege Requested:
		PERIODONTICS All procedures and associated practice performed by the Periodontist in the practice of periodontics as outlined by the American Dental Association.
		ENDODONTICS All procedures and associated practice performed by the Endodontist in the practice of endodontics as outlined by the American Dental Association.
		PEDODONTICS All pediatric dental procedures and associated practice performed by the Pedodontist in the practice of pedodontics as outlined by the American Dental Association.
		ORTHODONTICS All procedures and associated practice performed by the Orthodontist in the practice of orthodontics as outlined by the American Dental Association.
		Conscious sedation

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures. I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Surgery Department Chairman/Vice Chairman	Date:
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

Department of Surgery
DENTAL SURGERY
Criteria for Granting Privileges

All new applicants in this specialty shall be considered only if they are graduated from a dental school *approved* by the Commission of Dental Accreditation.

An *approved* school or university is one fully accredited during the time of the practitioner's attendance by the Accreditation Council for Graduate Medical Education (or its predecessor, the Liaison Committee on Graduate Medical Education).