

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Application for Privileges
DENTAL PRIVILEGES

Name _____

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, Emergency Department, and nursing floors.

COGNITIVE

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

PROCEDURAL

GENERAL DENTISTRY

Restoration and usual dental procedures performed by the General Dentist in the practice of dentistry as outlined by the American Dental Association.

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.

PEDIATRIC DENTISTRY

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.

SPECIAL PROCEDURES – Documentation of training/expertise is required. Refer to attached criteria.

Medical Acupuncture

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.

SIGNATURE OF REQUESTING PHYSICIAN

Date

APPROVED BY:

Signature of Department Chairman or Vice Chairman

Date

Date: _____
Medical Executive Committee

Date: _____
Board of Directors

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

CRITERIA FOR GRANTING PRIVILEGES

DENTAL SURGERY

1. All new applicants for surgical privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities. 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).

2. Staff members within the Department of Surgery requesting an increase in, or wider scope of privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

3. OBSERVATION:

- a. The Department of Surgery has eliminated concurrent and retrospective review of department members at JCLH-NM.

- b. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

- c. Concurrent observation or retrospective review may be required if determined necessary for new procedures under development.

MEDICAL ACUPUNCTURE

Qualifications for Initial Privileges:

1. Completion of an approved, specialized course of study to support current demonstrated competence and documentation of 200 hours of graduate training in medical acupuncture from an AMA Category 1 or AOA Category 1A accredited program.
2. Minimum of one (1) year of active clinical experience in medical acupuncture.
 - a. Three most recent (3) case summaries documenting use of medical acupuncture in clinical setting.
 - b. Three letters of recommendation from professional colleagues who can specifically address and attest to an applicant's qualifications and experience in the practice of medical acupuncture.

Qualifications for Renewal of Privileges:

1. Successful completion of 20 hours of approved, recognized courses over a two-year period of continuing education in medical acupuncture.
2. Demonstration of satisfactory performance in providing care since last credentialed.
3. Compliance with Medical Staff Bylaws, Rules & Regulations.

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Criteria for Granting Privileges

CONSCIOUS SEDATION

PURPOSE and DEFINITION

To provide guidelines to Medical Staff members who apply for privileges to administer conscious sedation.

Conscious sedation is a drug-induced minimally depressed level of consciousness (LOC) that retains a patient's ability to maintain a patent airway independently and continuously. The patient is able to respond to physical and verbal stimulation.

Members of the Medical Staff shall be privileged to administer conscious sedation.

INITIAL REQUEST – CRITERIA FOR GRANTING PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment to the Medical Staff include:

1. ADULT Patients
 - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation. **AND**
 - B. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Documentation of at least five (5) procedures performed during the past two years in which patients have received conscious sedation.

2. PEDIATRIC Patients
 - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation.; **AND**
 - B. Current Basic Life Support, or equivalent certification or training; **AND**
 - C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of pediatric patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Documentation of at least five (5) procedures performed during the past two years in which pediatric patients have received conscious sedation.

MAINTENANCE OF PROFICIENCY TO RENEW CONSCIOUS SEDATION PRIVILEGES

Practice meets acceptable standards for performance at John C. Lincoln Hospitals as determined by the applicable clinical department.