



PRESBYTERIAN MEDICAL SERVICES
REQUEST FOR CLINICAL PRIVILEGES – DENTAL

Applicant Name: _____ **Date:** _____

Specialty: _____

Location: _____

Privileges

I am qualified and request the following privileges (check level in which you are primarily engaged):

- | | | | |
|--------------------------|--|---|--|
| <input type="checkbox"/> | General Practice Dentist | <u>Required Degree</u>
DDS/DMD | <u>Required Certification</u>
New Mexico Licensure* |
| | Procedures: Emergency Dental Care
Preventive Dental Care
Restorative Dental Care
Rehabilitative Dental Care
Basic Periodontal Care
Pediatric Dental Care
Basic Oral Surgery and Exodontia
Endodontic Dental Care
Minor Interceptive Orthodontic Care | | |

- | | | | |
|--------------------------|---|---------------------|---|
| <input type="checkbox"/> | Pediatric Dentist | DDS/DMD, MSD | New Mexico Licensure*
Board eligible/qualified |
| | Procedures: Simple/Complex Restorative Dental Care–Children
Pediatric Oral Surgery/Exodontia | | |

I possess the following certifications with the New Mexico Board of Dental Health Care:

- N20/02 Analgesia** **Conscious Sedation I**

I have received post-graduate training in the following special procedures:

- Implant Surgery Surgical Impactions Laser Surgery
 Other (specify): _____

Applicant Attestation:

I hereby certify that the documentation and information contained or attached to this application is true and complete to the best of my knowledge. I realize that misstatement or omission may result in denial of this application. I affirm that, if granted the requested privileges, I will provide services in accordance with the established standards, protocols, policies and procedures of Presbyterian Medical Services. I also affirm that I will practice only within the scope of privileges granted, and will do so in keeping with the established professional ethics guidelines of my professional discipline.

Applicant Signature

Date

Dental Director's Signature Indicating Approval

Date

* Dentists may also be credentialed and receive privileges to practice with Presbyterian Medical Services if they are exempted from the requirements for dental licensure under NM Dental Health Care Act (61-5A-5), i.e. they are providing services to the United States Public Health Service or are providing services within federally controlled facilities.