

**REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS)
CLINICAL PRIVILEGES APPLICATION**

ORAL AND MAXILLOFACIAL SURGERY

APPLICANT NAME: _____

CORE INPATIENT PRIVILEGES:

To be eligible to apply for core privileges in oral and maxillofacial surgery, the applicant must meet the following qualifications:

- DDS or DMD or (MD plus DDS or DMD), successful completion of an accredited post-graduate training program by the Commission on Dental Accreditation in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals.

And

- New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. 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.

Oral and Maxillofacial Surgery privileges include admit, evaluate, diagnose, treat and provide consultation; perform surgical procedures and postoperative management of patients with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. Age specific criteria for admission must be adhered to based on specific facility requirements.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

These privileges do not include any of the privileges listed under Special Privileges. In cases of pre-existing medical conditions, a medical consultation is required.

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS III:

- ___ **Board certification in Oral and Maxillofacial Surgery; or**
- ___ **Active board certification application pending, having completed an ACGME- or AOA-approved post graduate training program in Oral and Maxillofacial Surgery or**
- ___ **Completion of an ACGME- or AOA-approved post graduate training program and full time oral and maxillofacial experience for a minimum of the last three (3) years consecutively.**

Members with these privileges are expected to be practitioners with experience, training and competence in their specialty. Such practitioners would be expected to request consultation:

- (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

Other training, please explain:

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NAME: _____

STANDARD PRIVILEGES:

REQUESTED			RECOMMENDED	
Yes	No		Yes	No
___	___	Core oral and maxillofacial surgery privileges (see page 1)	___	___

SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK “NO” UNDER “PRIVILEGES REQUESTED”.

REQUESTED			RECOMMENDED	
Yes	No		Yes	No
___	___	Procedural/treatment sedation	___	___

Training/Experience: _____

NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ABIDE BY PATIENT CARE SERVICES POLICY # 02-35.

___	___	Arthroscopy of the temporomandibular joint	___	___
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Training/Education: _____

___	___	Use of Laser*	___	___
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Training/Education: _____

___	___	Rhinoplasty, blepharoplasty, or any other cosmetic procedure above the upper palate	___	___
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Training/Experience: _____

___	___	Surgical correction of primary cleft lip and palate deformities	___	___
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Training/Experience: _____

___	___	Harvesting of bone graft (rib)	___	___
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Training/Experience: _____

___	___	Liposuction of Maxillofacial region	___	___
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Training/Experience: _____

___	___	Cosmetic surgery on hard and soft tissues to correct maxillofacial deformities of the rhytids, eyelids, nasal structures, soft tissue of the face and neck, skin surface contouring and ears	___	___
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Training/Experience: _____

ADDITIONAL PRIVILEGES REQUESTED (Specify inpatient and/or outpatient, stated with training/experience):

___	___	_____	___	___
___	___	_____	___	___
___	___	_____	___	___
___	___	_____	___	___

* Laser Requirements: Completion of an approved eight hour minimum CME course which includes training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of the course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty, which included laser,

and a minimum of eight hours observation and hands-on experience with lasers.

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NAME: _____

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Rehoboth McKinley Christian Hospital 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 and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

APPLICANT SIGNATURE: _____

DATE: _____

INPATIENT DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____

Medical Staff Surgery Department Chairperson

Date of Review

ORAL AND MAXILLOFACIAL PROCEDURE LIST

- ___ Dental implant surgery
- ___ Dentoalveolar surgery: surgical extractions, alveoplasty, alveolectomy, removal of impacted teeth, surgical exposure of impacted teeth, removal of palati tori (exostosis), removal of lingual tori, closure and grafting of alveolar cleft
- ___ Harvesting of bone graft for grafting for maxillofacial reconstruction from maxillofacial region, anterior and/or posterior hip, tibia, and/or cranium
- ___ Placement of alloplastic grafts to maxillofacial region
- ___ Intraoral and extraoral surgery to include management of deep space infections, major lacerations, minor and major cysts or tumors, excision of ranula, correction of soft and hard tissue deformities (including chin), preprosthetic surgery, repair of oral-antral fistula, and oral-nasal communication, Caldwell-Luc procedure, repair of secondary cleft palate defects
- ___ alveolar clefts, salivary duct surgery, submandibular, sublingual salivary gland surgery
- ___ Lacerations of the face, head, and neck
- ___ Lip shave and cheiloplasty for benign and malignant disease
- ___ Management of temporomandibular joint disease (open procedures)
- ___ Maxillectomy and mandibulectomy
- ___ Open and closed reductions of facial fractures
- ___ Open and closed reductions of mandibular fractures
- ___ Orthognathic surgery
- ___ Biopsy of hard and soft tissues of oral/maxillofacial region
- ___ Correction of craniofacial deformities not requiring an intracranial approach

Attachment to Oral/Maxillofacial Surgery Privilege