

CARLSBAD MEDICAL CENTER

DENTISTRY/ORAL SURGERY APPLICATION FOR PRIVILEGES

NAME OF APPLICANT: _____

BOARD CERTIFICATION: _____ DATE: _____

Privileges in Dentistry and/or Oral and Maxillofacial Surgery are granted for both cognitive areas and specific procedures. All practitioners requesting privileges in Dentistry and Oral and Maxillofacial Surgery are to have graduated from a dental school accredited by the Commission on Dental Accreditation and licensed by the New Mexico Board of Dental Examiners. Practitioners requesting privileges in oral and maxillofacial surgery are to be certified by the American Board of Oral and Maxillofacial Surgery or must be fully trained in an accredited oral and maxillofacial residency program recognized by the American Dental Association.

CHECK EACH AREA FOR WHICH YOU ARE REQUESTING PRIVILEGES:

R = Requested G = Granted D = Denied

COGNITIVE PRIVILEGES

- | | | | |
|-----|-----|-----|--|
| [] | [] | [] | Admitting and Attending Privileges
History and Physical |
| [] | [] | [] | • Oral and Maxillofacial |
| [] | [] | [] | • Dental (as related to dentistry) |
| [] | [] | [] | Assist in Surgery |
| [] | [] | [] | Consultation Only |

Level 1	PROCEDURAL PRIVILEGES
Level 1	<p>USUAL AND CUSTOMARY DENTISTRY PROCEDURAL PRIVILEGES</p> <p>These procedural privileges are usually and customarily performed by a licensed dentist:</p> <ol style="list-style-type: none"> 1) With one or more years of dental education in a hospital based general practice residency program; OR 2) Who can demonstrate current competence in privileges as requested; AND 3) Documentation of specific training and/or experience in Level 1 procedural privileges may be required. 4) Level 1 procedural privilege denoted by one (*) asterisk, require documentation of training or experience and proctoring may be required.
Level 2	<p>SUBSPECIALTY ORAL AND MAXILLOFACIAL PROCEDURAL PRIVILEGES</p> <ol style="list-style-type: none"> 1) These procedural privileges are usually and customarily performed by board certified or fully trained oral and maxillofacial surgeons. 2) Documentation of specific training and/or experience in Level 2 procedural privileges may be required.
Level 3	<p>ADVANCED ORAL AND MAXILLOFACIAL PROCEDURAL PRIVILEGES</p> <ol style="list-style-type: none"> 1) These procedural privileges may be performed by board certified or fully trained Oral and Maxillofacial Surgeon; and 2) Level 3 procedural privileges require documentation of training and experience; and 3) Individual Level 3 procedural privileges must be proctored as defined on this privilege delineation form; and

CARLSBAD MEDICAL CENTER –REQUEST FOR PRIVILEGES

Name of Applicant: _____

LEVEL 1—GENERAL DENTISTRY

R = Requested G = Granted D = Denied

NOTE: If applying for an asterisked () privilege, enter the number and location of procedures performed in the last 2 years*

R	G	D		# Performed	Location Performed
			Anesthesia		
			CONSCIOUS SEDATION		
[]	[]	[]	Pediatric (<15 years) Moderate Sedation*	_____	_____
[]	[]	[]	Adult Moderate Sedation*	_____	_____
[]	[]	[]	Pediatric (<15 years) Deep Sedation*	_____	_____
[]	[]	[]	Adult Deep Sedation*	_____	_____
[]	[]	[]	Crown and Bridge Preparation		
			Extractions—Uncomplicated		
[]	[]	[]	Single		
[]	[]	[]	Multiple		
[]	[]	[]	Operative Restorations		
			Oral prosthesis for malformations of face		
[]	[]	[]	Congenital		
[]	[]	[]	Pathological		
[]	[]	[]	Traumatic		
[]	[]	[]	Peridontal Surgery including gingivectomy		
[]	[]	[]	Prosthetic Replacement of Teeth		

LEVEL 2: SUBSPECIALTY ORAL AND MAXILLOFACIAL SURGERY PROCEDURES:

R	G	D	
[]	[]	[]	Alveolectomy
[]	[]	[]	Alveoplasty
			Alveolar cleft palate repair
[]	[]	[]	With graft
[]	[]	[]	Without graft
			Excision of :
[]	[]	[]	Benign Tumor lesion
[]	[]	[]	Foreign Body
[]	[]	[]	Malignant lesions
[]	[]	[]	Rannula
[]	[]	[]	Incision and Drainage
[]	[]	[]	Implant Dentures

R = Requested G = Granted D = Denied

NOTE: If applying for an asterisked () privilege, enter the number and location of procedures performed in the last 2 years*

R	G	D		# Performed	Location Performed
Level 2 Procedural Privileges – Continued					
			Lacerations		
[]	[]	[]	Minor		
[]	[]	[]	Severe		
			Reduction of Mandible		
[]	[]	[]	Open		
[]	[]	[]	Closed		
[]	[]	[]	Resection of mandible with bone graft		
[]	[]	[]	Root Resections		
			Salivary Gland		
[]	[]	[]	Sialithotomy		

Name of Applicant: _____

**DENTISTRY/ORAL AND MAXILLOFACIAL SURGERY
REQUEST FOR CLINICAL PRIVILEGES**

Privileges followed by an asterisk are identified in this table. Please submit required documentation when applicable at the time of appointment or reappointment. The numbers indicated in this table represent the minimal number of documented procedures required to be submitted for consideration of the advanced privilege requested. Additional documentation of training, experience and/or current competence may be requested and additional proctoring may be requested at any time by the Department Chairperson, or the Medical Executive Committee for any privilege requested.

PROCEDURES	TRAINING/EXPERIENCE	Number of Documented Procedures for Initial Appointment	Number of Procedures Every 2 Years	Number of Procedures to be Initially Proctored
LEVEL 1				
Conscious Sedation – Pediatric (<15 years) Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Adult Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Pediatric (<15 years) Deep Sedation or Analgesia	See Attachment C	2	1	4
Conscious Sedation – Adult Deep Sedation or analgesia	See Attachment C	2	1	4
LEVEL 3				
Excision of submandibular gland	Documentation of Successful Performance	2	1	2
TMJ Arthroscopy	Documentation of Successful Performance	2	2	1

Name of Applicant: _____

MEDICAL STAFF CREDENTIALING CRITERIA FOR CONSCIOUS SEDATION

Moderate Sedation or Analgesia

Separate privileges are granted for the categories of adult and pediatric (< 15 years) moderate sedation or analgesia, based on documentation of current competency.

All medical staff requesting any conscious sedation privilege must complete and document a review of the current medical staff conscious sedation policy. **In addition** to the required review of the conscious sedation policy, practitioners requesting privileges in conscious sedation must meet requirements of either #1 or #2 listed below:

1. Documentation of training, experience and current competence related to the use of moderate sedation or analgesia, **and** successful performance of at least (1) moderate sedation/analgesia case in the last (2) years for each category of moderate sedation or analgesia applied for and (2) sedation/analgesia cases at initial appointment **OR**
2. Documentation of relevant training and experience **AND**
 - a. Attendance at a Carlsbad Medical Center sponsored CME program on moderate sedation/analgesia **or** review of the videotape of such conference **and** achievement of a score of 85% or higher on the moderate sedation/analgesia post-test, **AND** provisional privileges will be granted pending outcome review.

Deep Sedation or Analgesia

Separate privileges to be granted for the categories of adult and pediatric (< 15 years) deep sedation or analgesia based on documentation of current competency. **All** medical staff requesting any conscious sedation privilege, must complete and document a review of the current medical staff conscious sedation policy **AND** maintain current ACLS certification (*PALS or NALS as appropriate*); **OR** be Board Certified or fully trained in a Carlsbad Medical Center approved residency training program in Emergency Medicine, Anesthesiology or Critical Care Medicine.

In addition to the required review of the conscious sedation policy, ACLS and board certification or residency requirements above, practitioners requesting privileges in conscious sedation must meet requirements of either #1 or #2 listed below:

1. Documentation of training, experience and current competence related to use of deep sedation/analgesia, **and** successful performance of at least (1) deep sedation/analgesia cases in the last (2) years for each category of deep sedation or analgesia applied for **OR**
2. Documentation of relevant training and experience, **AND ALL** of the following:
 - a. Attendance at a Carlsbad Medical Center-sponsored CME program on deep sedation/analgesia **or** review of the videotape of such conference and achievement of the score of 85% or higher on the deep sedation/analgesia post-test, **AND**
 - b. Provide documentation of successful completion of four (4) deep sedation/analgesia cases, in each category applied for, under the direct supervision of a Carlsbad Medical Center practitioner holding appropriate clinical privileges in deep sedation. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement **AND**
 - c. Successful completion of four (4) intubations in the Operating Room under the direct supervision of a Carlsbad Medical Center credentialed anesthesiologist. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement.



AUTHORIZATION FOR BACKGROUND CHECK

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

Print Name

Signature

Date