

**NEW MEXICO STATE VETERANS HOME**  
**DELINEATION OF CLINICAL PRIVILEGES**  
**DENTISTRY/ORAL SURGERY SERVICES**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

By checking an item below you are requesting the privilege of practicing the item without supervision and stating that you are qualified to do so.

**PROCEDURES**

**Illness or problem with no serious threat to life**

\_\_\_\_\_ Oral examination

**Illness or problem requiring skills usually acquired during internship training, or as a consequence of experience**

- \_\_\_\_\_ Rehabilitation of dental arches, operative restorations
- \_\_\_\_\_ Crown and bridge repairs
- \_\_\_\_\_ Endodontic procedures
- \_\_\_\_\_ Peridontal surgery
- \_\_\_\_\_ Bone grafts of jaw, sinus
- \_\_\_\_\_ Root canal
- \_\_\_\_\_ Extraction of teeth, erupted
- \_\_\_\_\_ Tooth replantation, implantation of transplantation
- \_\_\_\_\_ Biopsy – hard or soft oral tissue
- \_\_\_\_\_ Alveoplasty
- \_\_\_\_\_ Closed treatment of temporomandibular joint dysfunctions
- \_\_\_\_\_ Frenulectomy (frenectomy or frenotomy)
- \_\_\_\_\_ Excision of benign tumor lesions of the oral cavity and supporting structures
- \_\_\_\_\_ Removal of cysts and neoplasms
- \_\_\_\_\_ Excision of bone tissue
- \_\_\_\_\_ Removal of exostosis, maxilla/mandible
- \_\_\_\_\_ Incision and drainage, intraoral or extraoral
- \_\_\_\_\_ Treatment of fractures, simple or compound
- \_\_\_\_\_ Removal of teeth, impacted
- \_\_\_\_\_ Root recovery
- \_\_\_\_\_ Surgical exposure of teeth
- \_\_\_\_\_ Vestibuloplasty

Delineation of Privileges

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- \_\_\_\_\_ Suture repair, small recent, traumatic wounds
- \_\_\_\_\_ Insertion of implants
- \_\_\_\_\_ Conscious sedation (Documented competency required)

**Criteria for requesting privileges include significant training in and experience in the care of these conditions requiring skills usually achieved only during training sufficient to attain qualification for board certification in the American Board of Oral Maxillofacial Surgery. Documentation of training, experience and/or certification required.**

- \_\_\_\_\_ History & Physical examination
- \_\_\_\_\_ Removal of cysts or tumor of oral cavity and supporting structures
- \_\_\_\_\_ Removal of benign nonmetastasizing, nonodontogenic cyst or tumor of oral cavity & supporting structures
- \_\_\_\_\_ Destruction of lesions by physical methods
- \_\_\_\_\_ Partial ostectomy
- \_\_\_\_\_ Radical resection of mandible with bone graft
- \_\_\_\_\_ Removal of foreign body, oral cavity or surrounding structures
- \_\_\_\_\_ Sequestrectomy of maxilla/mandible
- \_\_\_\_\_ Maxillary sinusotomy for removal of tooth fragment or foreign body
- \_\_\_\_\_ Maxilla, open or closed, teeth immobilized (if present)
- \_\_\_\_\_ Mandible, open or closed, teeth immobilized (if present)
- \_\_\_\_\_ Alveolar stabilization of teeth, open or closed
- \_\_\_\_\_ Oral antral closure
- \_\_\_\_\_ Surgical repositioning of teeth
- \_\_\_\_\_ Stomoplasty
- \_\_\_\_\_ Surgical treatment of TMJ dysfunction
- \_\_\_\_\_ Intraoral and supporting structures skin graft (application)
- \_\_\_\_\_ Injection of peripheral nerve branches
- \_\_\_\_\_ Avulsion of peripheral nerve branches
- \_\_\_\_\_ Orthognathic surgery (correction or reconstruction of dentofacial deformities)
- \_\_\_\_\_ Application of graft to maxilla or mandible
- \_\_\_\_\_ Sialodochoplasty
- \_\_\_\_\_ Emergency tracheotomy
- \_\_\_\_\_ Inferior alveolar-lingual nerve repair
- \_\_\_\_\_ Mandibular/maxillary reconstruction

**OTHER**

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**NMSVH CREDENTIALING COMMITTEE RECOMMENDATION:**

The members of the NMSVH Credentialing Committee have reviewed and investigated this application and hereby recommend that this application be:

\_\_\_\_\_ Accepted for appointment/reappointment of staff membership and/or continuation of current privileges.

\_\_\_\_\_ Accepted for reappointment of staff membership and modification of privileges as outlined on privilege delineation forms.

\_\_\_\_\_ Rejected or accepted with restrictions for the following reasons:

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NMSVH Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**ACTION BY GOVERNING BOARD:**

\_\_\_\_\_ Concur with NMSVH Credentialing Committee recommendation

\_\_\_\_\_ Other action (describe): \_\_\_\_\_

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