

Heart Hospital of New Mexico
Surgery Department
Dental Section

Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.

Privilege	Procedures	Requested	Not Requested
CORE I PRIVILEGES			
	Performance of simple exodontia and/or restorative dental care for ER and consultations		
MODERATE SEDATION <i>(Complete separate form)</i>			
RESTRAINT PRIVILEGES			

I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.

Applicant Signature

Date

Print Name

The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.

___ Yes ___ No

Department Chair Signature

Date

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Delineation of Core Privileges

Core I Dentistry/Family Dental Care

DESCRIPTION OF CLINICAL PRIVILEGES:

Performance of simple exodontia and/or restorative dental care for ER and consults

ELIGIBILITY CRITERIA: To be able to request these clinical privileges, the applicant must meet the criteria below:

1. **DDS, DMD**
2. **Completed additional education/training as follows:**
-Completion of an American Dental Association accredited school
3. **Have the following past experience:**
-Applicant must be able to demonstrate that he/she has performed at least 10 inpatient dental procedures in the last two-years.
4. **Be able to secure clinical references as outlined in the Policy On Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.**