

Privileges in Dental and Oral & Maxillofacial Surgery

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications. Follow Core Criteria Bellow

**Initial Core Criteria
Education/Training**

Successful graduation from an accredited U.S. dental school OR equivalent foreign dental school.
AND
 Currently practicing in an ambulatory setting as a dentist or oral surgeon.
AND
 Applicants must be able to demonstrate that they have performed at least 50 Core dental inpatient, outpatient, emergency service, or consultative procedures in the past 12 months.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Core Privileges	
	Privileges to evaluate, diagnose, consult, in the ambulatory out-patient setting	
	General Dentistry includes:	
	General dental diagnoses	
	Treatments and procedures done by general dentists typically in an ambulatory setting must be done in the hospital in some patients. This is to include oral biopsy	
	History and physical as it relates to dentistry	
	Biopsy or removal of soft tissue lesions	
	Routine restorative dentistry	
	Cleaning	

Qualifications

Renewal Criteria Minimum 10 cases seen at LPCH with documentation in EMR over previous 2 years

FPPE

Core - General Dentistry

Core Privileges with Operating Room Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Core Privileges	
	Privileges to admit, evaluate, diagnose, consult, and provide treatment to dentistry patients in the inpatient or outpatient setting.	
	General Dentistry includes:	
	General dental diagnoses	
	Treatments and procedures done by general dentists in an operating room setting	
	History and physical as it relates to dentistry	
	Biopsy or removal of soft tissue lesions	
	Routine restorative dentistry	
	Exam under anesthesia	
	Cleaning	

Qualifications

Renewal Criteria Minimum 10 cases seen in the ER, inpatient, or outpatient at LPCH with documentation in EMR over 2 years

AND

Minimum 11 cases performed in the Operating Rooms at :PCH over 2 years

FPPE

Core - Privileges with Operating Room Privileges

Special Privileges For Dentistry and Oral Maxillofacial Surgery

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Special Privileges For Dentistry and Oral Maxillofacial Surgery Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital (Criteria - Teaching appointment required)	
	Craniofacial Program Special Privileges for Dentistry and Oral Maxillofacial Surgery Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital (Criteria - For those providers who do not have a teaching appointment in the SOM, additional documentation of current Malpractice Insurance is required)	
	Dento-Alveolar Surgery (Initial Criteria - Successful completion of ADA accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), Oral and Maxillofacial Surgery or Periodontal Surgery training programs, or equivalent foreign training program OR Minimum (10) cases documented in the past 2 years. Renewal Criteria - Minimum 5 cases required in the past two years.)	
	Orthodontics (Initial Criteria - Successful completion of an ADA approved training program in Orthodontics, or certified by the American Board of Orthodontics or equivalent foreign training program. Minimum (10) cases documented in the past 2 years. Renewal Criteria - Minimum 5 cases required in the past two years.)	
	Maxillofacial Prosthodontics (Initial Criteria - Successful completion of fellowship in maxillofacial prosthodontics required. Minimum (10) cases documented in the past 2 years. Renewal Criteria - Minimum 5 cases required in the past two years.)	
	Dental Implants (Initial Criteria - Successful completion of ADA accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), Oral and Maxillofacial Surgery or Periodontal Surgery training programs, or equivalent foreign training program)	

FPPE

Craniofacial Program
Dento-alveolar Surgery
Dental Implants
Maxillofacial Prosthodontics
Maxillofacial Trauma
Orthodontics

SPECIAL PRIVILEGES FOR ORAL & MAXILLOFACIAL SURGERY

Description: Description: (MUST ALSO MEET THE CORE CRITERIA FOR DENTISTRY; OMS WHO ARE RECENT GRADUATES (WITHIN 2 YEARS) OF AN ORAL AND MAXILLOFACIAL SURGERY RESIDENCY MUST DEMONSTRATE THE SUCCESSFUL PERFORMANCE OF MAJOR ORAL AND MAXILLOFACIAL SURGERY ON A MINIMUM OF 75 PATIENTS DURING THE OMS RESIDENCY, NO MORE THAN FIVE OF WHOM REQUIRED DENTOALVEOLAR SURGERY)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	General Oral and Maxillofacial Surgery (Tumors, Infections, TMJ) (Initial Criteria - Successful completion of an ADA approved Oral and Maxillofacial Surgery training program or equivalent foreign training program and documentation from residency training; Board certification by American Board of Oral and Maxillofacial Surgeons preferred. Minimum 10 cases for General Oral and Maxillofacial Surgery (Tumors, Infections, TMJ) documented in the past 2 years. Renewal Criteria - Minimum 6 cases required in the past two years.)	
	Maxillofacial Trauma (Initial Criteria - Successful completion of an ADA approved Oral and Maxillofacial Surgery training program or equivalent foreign training program and documentation from residency training; Board certification by American Board of Oral and Maxillofacial Surgeons preferred. Minimum 10 cases for Maxillofacial Trauma documented in the past 2 years. Renewal Criteria - Minimum 6 cases required in the past two years.)	
	Orthognathic and Craniofacial Surgery (Initial Criteria - Successful completion of an ADA approved Oral and Maxillofacial Surgery training program or equivalent foreign training program and documentation from residency training; Board certification by American Board of Oral and Maxillofacial Surgeons preferred. Minimum 10 cases for Orthognathic and Craniofacial Surgery documented in the past 2 years. Renewal Criteria - Minimum 6 cases required in the past two years.)	

General Oral and Maxillofacial Surgery
Maxillofacial Trauma
Orthognathic and Craniofacial Surgery

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this
privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date