



Dentistry KHMC & KHMB
Delineation of Privileges

Applicant's Name:

Instructions:

- 1. Click the Request checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Clinical Service Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

NOTE: Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Table with 2 columns: Requirement Category and Description. Rows include Membership, Education/Training, Clinical Experience (Initial), and Clinical Experience (Reappointment).

Inpatient Dentistry Core Privileges

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. *Co-admission is to be done in conjunction with a staff Oral and Maxillofacial Surgeon or staff physician of an appropriate specialty. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
		Co-admit*, consult, evaluate total oral health needs, diagnose, and provide general dental diagnostic, preventive, and therapeutic oral healthcare to patients of all ages to correct or treat various routine conditions of the oral cavity and dentition.
		Provide dental care for: Precardiac surgery patients, oncology patients, and emergency patients with trauma to the head and neck regions; Children five years of age and under who due to extensive nature of dental problems or severe anxiety cannot be treated safely in the dental clinic setting; Children of any age who because of mental disability such as autism, Down syndrome, etc., or physical disability such as severe cerebral palsy cannot be safely treated in the dental clinic setting; Adults who because of mental or physical disability cannot cooperate with dental treatment in the dental clinic setting; Children and adults with high risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR
		Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
		Crown and bridge preparation
		Manage extremely fearful patients
		Minor soft tissue surgery and repair with the oral cavity to include frenectomy and suturing of lacerations
		Operative restorations
		Performance of dental history and physical exam
		Prosthetic replacement of teeth
		Simple extractions
		Space maintenance
		Splinting (fixed)

Outpatient Dentistry Core Privileges

Request		<i>Request all privileges listed below.</i>
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.

		- Currently granted privileges
		Requested OUTPATIENT: Oral appliances for the treatment of snoring/obstructive sleep apnea

Special Non-Core Privileges

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Non-Core Privileges

Use of Laser

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Use of Laser (Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience.)

Administration of Sedation and Analgesia (Including Nitrox)

Request		Request all privileges listed below.
KHMC	KHMB	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		See Hospital Policy for Moderate Sedation

Acknowledgment of Applicant

believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus and Kettering Health Miamisburg and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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 situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date

