Privileges in Dentistry

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**.

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

Core Privileges

Request	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Privileges included in the Core:	
	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 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	

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Dentistry (Chart Review)

CORE PRIVILEGES with Operating Room Privileges

Request	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Privileges to 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 typically in an operating room setting but which must be done in the hospital for some patients including oral biopsy.	
	History and physical as it relates to dentistry	

Qualifications

Renewal Criteria

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

AND

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core with Operating Room Privileges (Chart Review)

SPECIAL PRIVILEGES FOR DENTISTRY

Description: Must also meet Required Qualifications for Core Privileges

Request	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Dental Implants [CRITERIA - Initial - Successful completion of ADA accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR) or Periodontal Surgery training programs, or equivalent foreign training program -OR- Minimum (10) cases documented in the past 2 years. Renewal - Minimum 5 cases at SHC required]	
	Dento-Alveolar Surgery [CRITERIA - Initial - Successful completion of ADA accredited Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR), or Periodontal Surgery training programs, or equivalent foreign training program -OR- Minimum (10) cases documented in the past 2 years. Renewal - Minimum 5 cases at SHC required]	
	Maxillofacial Prosthodontics [CRITERIA - Initial - Successful completion of fellowship in maxillofacial prosthodontics required. Minimum (10) cases documented in the past 2 years. Renewal - Minimum 5 cases at SHC required]	
	Orthodontics [CRITERIA - Initial - 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 - Minimum 5 cases at SHC required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA -Teaching appointment to work in SHC outpatient clinics]	

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Dental Implants (Chart Review)
Dento-Alveolar Surgery (Chart Review)
Maxillofacial Prosthodontics (Chart Review)
Orthodontics (Chart Review)

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 Hospital & Clinics. 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 - Proctoring Requirements

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

Date