



Privileges in Oral and Maxillofacial Surgery (MD/DDS)

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 completion of an ACGME and ADA-accredited residency in oral and maxillofacial surgery or foreign equivalent training.

AND

Completion of a medical degree (US and foreign equivalent) AND/OR Completion of a dental degree (US and foreign equivalent)

AND

Current certification or active participation by the American Board of Oral and Maxillofacial Surgery or its foreign equivalent

FPPE

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

Provide care on LPCH patients in specific areas of SHC

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Assist Only

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	ASSIST ONLY - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above.	

Qualifications

Additional Information No Admitting Privileges
 Must have primary surgeon in attendance for all procedures scheduled

Renewal Must maintain reappointment activity of 11+ per year
 Maintain current certification or active participation by the American Board of Oral and Maxillofacial Surgery or its foreign equivalent

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

Assist Only - Oral and Maxillofacial Surgery

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	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.	
	Oral & Dentoalveolar Surgery - Surgery of dentition and associated oral structures for infectious, traumatic, acquired, and congenital conditions; placement of dental implants.	
	Maxillofacial Trauma Surgery of orofacial and craniofacial trauma of the mandible, maxilla, zygoma, and other facial bones and tissues.	

	Maxillofacial Pathology Surgery of benign neoplasia, infections, and deformities of the craniofacial skeleton; Surgery of the salivary glands (except parotid) for infectious, stone, or non-malignant disease; Biopsies of head and neck area	
	Maxillofacial Reconstruction Harvesting graft material for reconstruction: (e.g. Skin, abdominal fat, iliac crest bone graft, costochondral rib graft, cranial bone graft); Repair of oroantral and oronasal fistula; Caldwell Luc procedure; Use of implants for craniofacial reconstruction; Closure and grafting of alveolar cleft.	
	Orthognathic Surgery and Craniofacial Surgery Includes the surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones and tissues. Surgical procedures include, but are not limited to ramus and body procedures; subapical segmental osteotomies; LeFort I, II, and III procedures and other craniofacial operations.	
	Temporomandibular Disorders Surgery of the temporomandibular joint; Botox injection (non-cosmetic indications, such as for TMJ related myofascial pain, orofacial dyskinesia, masseteric hypertrophy)	

Qualifications

Renewal Criteria Minimum 11 cases at SHC required during the past 2 years
Maintain current certification or active participation by the American Board of Oral and Maxillofacial Surgery or its foreign equivalent.

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

Core - Oral and Maxillofacial Surgery

SPECIAL PRIVILEGES

Description: (MUST ALSO MEET THE CORE CRITERIA)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Moderate Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	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.]	
	Sleep Surgery [CRITERIA - Initial - Minimum of a 1 year fellowship in surgical management of sleep-related breathing disorders. Renewal - Minimum 10 cases required during the past 2 years.]	
	Treatment of patients in outpatient clinics at Stanford Health Care [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	

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

- Sleep Surgery (Chart Review)
- Sleep Surgery (Direct Observation OR Cases)

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