

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF DENTISTRY**

NAME OF APPLICANT _____ **DATE** _____

Initial Appointment and/or Additional Privileges

Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the “Not Recommended” boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				<u>CATEGORY A</u>			
				ROUTINE ORAL AND MAXILLOFACIAL SURGERY PRIVILEGES			
				Core Privileges in Dentistry: includes performing a history and physical, interpreting laboratory studies, interpreting and performing diagnostic studies and treatment plans for the following ages:			
				Neonates and Infants from 0 to 2 years of age			
				Children from 3 to 13 years of age			
				Adolescents and Young Adults 14 years of age and older			
				1. Plain Film Interpretation			
				2. Closed and/or open reduction of:			
				• LeFort I fractures			
				• LeFort II fractures			
				• LeFort III fractures			
				3. Closed and/or open reduction of:			

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				• Condylar and subcondylar fractures			
				• Ramus fractures			
				• Body fractures			
				• Angle fractures			
				• Symphysis and Parasymphysis fractures			
				4. Closed and/or open reduction of:			
				• Zygomatic fractures			
				• Zygomatic arch fractures			
				• Orbital floor fractures			
				5. Closed and/or open reduction of:			
				• Nasal fractures			
				6. Closed and/or open reduction of:			
				• Voiding Cytography			
				• Alveolar fractures			
				• Luxated teeth			
				• Avulsed teeth			
				• Repair of dental injuries			

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				<ul style="list-style-type: none"> Ellis type I, II, and III fractures 			
				7. Cricothyroidotomy			
				8. Oral-nasal intubation			
				9. Repair of head and neck soft tissue injuries:			
				<ul style="list-style-type: none"> Facial and scalp lacerations 			
				<ul style="list-style-type: none"> Intraoral lacerations 			
				<ul style="list-style-type: none"> Repair of salivary glands and ducts (without nerve injury) 			
				10. Intraoral biopsy of hard and soft tissues Extraoral biopsy of hard and soft tissues			
				11. Surgical repair of oral-antral openings			
				12. Caldwell-Luc for pathology/root recovery			
				13. Surgical management of benign tumors Surgical management of odontogenic tumors			
				14. Surgical management of odontogenic cysts Surgical management of soft tissue cysts Surgical management of hard tissue cysts			
				15. Transoral sialolithotomy Submandibular gland removal			

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				16. Internal derangement, degenerative joint disease, rheumatoid arthritis Ankylosis Neoplasms of the temporomandibular joint Congenital disorders Arthroscopic surgery			
				17. Augmentation procedures utilizing alloplastic and/or autogenous grafts Extension procedures (vestibuloplasty) with or without skin grafts Grafting procedures- split and/or full thickness skin grafts, autogenous hip, rib, or calvarial grafts			
				18. Surgical placement of subperiosteal implants Surgical placement of endosteal implants Surgical placement of transosteal implants			
				19. Cheilorrhaphy			
				20. Secondary Palatorrhaphy			
				21. Secondary Alveolar- palatal cleft grafting/repair			
				22. Mandibular continuity defects Maxillary continuity defects			
				23. Greater auricular nerve graft harvesting			
				24. Surgical repair of the fifth cranial nerve, mandibular division			

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				25. Mandibular ramus, body, and subapical osteotomies			
				26. Genioplasty			
				27. Maxillary surgery – subapical segmental osteotomies, (LeFort I, LeFort II, and LeFort III)			
				28. Secondary rhinoplasty with or without cartilage grafting			
				29. Septal and/or auricular cartilage grafting procedures			
				30. Suction lipectomy with or without platysmalplasty			
				31. Extraction of erupted or impacted teeth			
				32. Plastic procedures of the alveolar process for prosthesis reception			
				33. Frenectomy			
				34. Periodontal surgery			
				35. Endodontic procedures and surgery			
				36. Tori removal			
				37. Orthodontic procedures			
				38. * Conscious Sedation (Must successfully completed competency exam) This only applies for physicians who are currently privileged to perform Conscious Sedation. I have read the Conscious Sedation protocol and Conscious Sedation Course _____(Yes).			

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				<u>CATEGORY B</u>			
				Special Oral & Maxillofacial Surgery Privileges * Are procedures that require documentation of additional education and training specific to the privilege requested.			
				39. * 10,600 CO2 Laser Surgery			
				GENERAL DENTISTRY			
				1. Intraoral biopsy of hard and soft tissues Extraoral biopsy of hard and soft tissues			
				2. Extraction of erupted or impacted teeth			
				3. Plastic procedures of the alveolar process for prosthesis reception			
				4. Frenectomy			
				5. Restorative dentistry			
				6. Periodontal surgery			
				7. Endodontic procedures and surgery			
				8. Orthodontic procedures			
				9. Tori removal			

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PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and 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 in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

 APPLICANT'S SIGNATURE

 DATE

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Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____

Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____

Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:	APPROVED BY EXECUTIVE COMMITTEE ON:
APPROVED BY GOVERNING BODY ON:	PERIOD ENDING:

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