

Privileges for: Oral and Maxillofacial Surgery

Request

MEC Approval: February 25, 2010

Board Approval:

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: D.M.D. or D.D.S.

Successful completion of an ACGME or ADA accredited residency in oral and maxillofacial surgery

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty [Oral and maxillofacial surgery] or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable.

PRIVILEGES REQUESTED

I. Core Privileges: Core privileges in oral and maxillofacial surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF CORE PRIVILEGES

- Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course
Admit patients; perform histories and physicals; patient evaluation and workup; and the performance of surgical procedures on patients of all ages presenting with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. Oral and maxillofacial surgery competencies include the following skills and procedures:
* Assessing patients
* Diagnosing and managing pathological conditions
* Performing:
1. dentoalveolar surgery
2. trauma surgery
3. reconstructive surgery
4. orthognathic surgery
5. cleft and craniofacial surgery
6. temporomandibular joint surgery
7. facial cosmetic surgery

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II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

_____ Placement of endosseous implants

Applicants Signature: _____

Date: _____