

Application for Clinical Privileges

Physician

Specialty: Dentistry

Qualifications

To be eligible to apply for clinical core privileges in dentistry, the initial applicant must meet the following criteria

Successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation

and

Current active licensure to practice as a dentist in the State of Texas

Required previous experience

Applicants for initial appointment must be able to demonstrate competence and an adequate volume of experience in patient, emergency service, or consultative procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited school of dentistry program in the past 12 months.

Reappointment requirements

Current demonstrated competence and an adequate volume of experience in dental outpatient, emergency service, or consultative procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Directions

Applicant

Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by Lone Star Circle of Care for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Dental Director

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.

Other Requirements

Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in Lone Star Circle of Care 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.

Request for Privileges

Physician

Specialty: *Dentistry*

Applicant

Privileges

- Initial Appointment
- Reappointment

OFFICE USE ONLY

Effective from: _____ / _____ / _____

Effective to: _____ / _____ / _____

Sites

The applicant may perform granted privileges at any of the Community Health Center clinics, incorporated as Lone Star Circle of Care, with the provision that privileges only be exercised when appropriate equipment, license, staff, and other support are available.

Core Privileges

Dentistry Core Privileges

- Requested

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. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with policy regarding emergencies. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Core Procedure List

*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. **If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.***

Dentistry

- Performance of history and oral exam
- Operative restorations
- Simple extractions
- Crown and bridge preparation
- Prosthetic replacement of teeth
- Minor soft tissue surgery and repair within the oral cavity to include frenectomy and suturing of lacerations
- Splinting (fixed)
- Space maintenance

Special Non-Core Privileges

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.

Management of Fearful Patients

- **Criteria**

Must qualify for and be granted privileges in dentistry in addition to possessing the required certifications as noted for each requested privilege, plus

- **Required previous experience**

Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested.

- **Maintenance of privilege**

Demonstrated current competence and evidence of the provision of care in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- **Privilege(s) Requested**

Qualifications

Nitrous Oxide Administration

Nitrous Oxide Certification
Texas State Board Permit

Oral / Nitrous Oxide Administration

Enteral Conscious Sedation Certification
Texas State Board Permit

IV Conscious Sedation

Parenteral Conscious Sedation Certification
Texas State Board Permit

Surgical Extractions

- **Criteria**

Must qualify for and be granted privileges in dentistry plus

- **Required previous experience**

Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested.

- **Maintenance of privilege**

- Demonstrated current competence and evidence of the provision of care in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- **Privilege(s) Requested**

Routine

Soft Tissue

Partial Bony

Full Bony

Biopsy

- **Defined as**

The excision of soft tissue lesion less than 3 mm in diameter

- **Criteria**

Must qualify for and be granted privileges in dentistry plus

- **Required previous experience**

Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested.

- **Maintenance of privilege**

Demonstrated current competence and evidence of the provision of care in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

Removal of Bony Exostosis

- **Criteria**

Must qualify for and be granted privileges in dentistry plus

- **Required previous experience**

- Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested.

- **Maintenance of privilege**

Demonstrated current competence and evidence of the provision of care in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

Acknowledgement of Practitioner

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 designated Lone Star Circle of Care sites, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Lone Star Circle of Care 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 appropriate policies or related documents.

Signature

Date

Service Line Medical Director Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend requested privileges with the changes as noted below
 - The following privilege(s) are granted with conditions and/or modifications:

| | Privilege | Condition/Modification |
|----|-----------|------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

- The following privilege(s) are not granted:

| | Privilege | Explanation |
|----|-----------|-------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Dental Director Signature

Date

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Medical Executive Committee

Action: _____

Date: _____

Board of Directors

Action: _____

Date: _____