

DETROIT MEDICAL CENTER
DEPARTMENT OF OTOLARYNGOLOGY
DELINEATION OF PRIVILEGES IN DENTISTRY
ADULT/PEDIATRIC

Applicant Name: _____

PLEASE PRINT

QUALIFICATIONS:

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See Board Certification addendum.

Core Privileges Criteria:

DDS or DMD, and successful completion of an approved one-year general practice residency training program or at least two (2) years clinical experience. In addition, the applicant must be able to demonstrate current competence in the performance of clinical dental procedures in the past 12 months **or** has been meeting non-clinical requirements of an approved training program or fellowship, e.g. NIH basic research fellowship.

Special Identification:

Dentists wishing to identify themselves as specialists in endodontics, orthodontics, oral pathology, pediatric dentistry, periodontics or prosthodontics, and proclaim limitation of their practices to these clinical areas **must** have completed their training in American Dental Association approved program(s). In addition, dentists requesting specialty status in the foregoing clinical areas **must** have passed the Michigan State Specialty Board examination in that specialty.

Special Procedures:

Proof of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and documentation of indications for the procedure/test/therapy, and documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges. Documentation must include case logs.

Use of Laser:

Proof of successful completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser therapy; **or** documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency; or documented experience (case logs) in laser procedures and care.

Observation/Proctoring Requirements: As specified in the departmental policies and focused professional performance evaluation.

Reappointment to Active staff:

Current demonstrated competence with acceptable results in the privileges requested as determined through quality assessment and improvement activities and outcomes, **AND**, the performance of at least **12** surgical cases and/or patient contacts (admissions, consults, DMC/WSU educational or clinic activity, etc.) in the previous 24 months in DMC-based facilities to allow for comprehensive ongoing professional performance evaluation.

Reappointment to Affiliate staff: Verification from primary non-DMC hospital of current demonstrated competence with acceptable results in the privileges requested as determined through quality assessment and improvement activities and outcomes, **AND**, the performance of at least **12** surgical cases and/or patient contacts (admissions, consults, etc.) in the previous 24 months, **AND/OR** evidence of some DMC/WSU educational or clinic activity.

DEPARTMENT OF OTOLARYNGOLOGY
ADULT AND PEDIATRIC CLINICAL PRIVILEGES IN DENTISTRY

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Reappointment criteria – continued:

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

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PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

Note: *If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the physician.*

Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.

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(R) (A) (C) (N)

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

Do Not Complete The Remainder Of This Form.

Sign form on PAGE 3.

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(R) (A) (C) (N)

DENTISTRY CORE PRIVILEGES, includes:

Admission*, work-up, history and physicals **limited** to oral condition, and provide diagnostic, preventive, and therapeutic oral health care to patients 12 years of age and older, to correct or treat various and other presenting conditions affecting the oral cavity; dentition, its investing structures (gingivae and alveolar processes), oral/oropharyngeal mucosa and the denture-bearing areas of the mandible and maxilla.

****Co-Admission, with medical history and physical, by qualified Oral/Maxillofacial surgeon or other medical staff member is required.***

Moderate Sedation (Patients 12 years of age and older) this category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

Initials

These privileges **DO NOT** include any of the following Special Procedures.

DEPARTMENT OF OTOLARYNGOLOGY
 ADULT AND PEDIATRIC CLINICAL PRIVILEGES IN DENTISTRY

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DENTISTRY SPECIAL PROCEDURES

(See Qualifications and Specific Criteria)

(R) (A) (C) (N)

Adult dental implantology

PUVA or photodynamic therapy

Obturator

Conscious sedation of pediatric patient (< age 12)

Admission*, work-up, history and physicals limited to oral conditions, and provide diagnostic, preventive, and therapeutic oral health care to patients under 12 years of age, to correct or treat various or other presenting conditions affecting the oral cavity; dentition, its investing structures (gingivae and alveolar processes), oral/oropharyngeal mucosa and the denture-bearing areas of the mandible and maxilla.

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this delineation of privilege form and applicable standards, qualifications, and criteria for privileges.

 Applicant Signature

 Date

RECOMMENDATIONS

SECTION CHIEF OF SERVICE:

_____ Approved as requested

_____ Approved **with conditions/modifications, as listed.**

_____ Do not recommend

 Signature, Chief of Service

 Date

MODIFICATIONS/CONDITIONS

Privileges	Modification/Condition

**DEPARTMENT OF OTOLARYNGOLOGY
ADULT AND PEDIATRIC CLINICAL PRIVILEGES IN DENTISTRY**

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PEDIATRIC CHIEF OF SERVICE (If Pediatric Special Procedures or CHM only)

_____ Approved as requested _____ Approved **with conditions/modifications, as listed.**
_____ Do not recommend

Signature, Pediatric Chief of Service Date

PEDIATRIC MSOC

Approved as requested Approved **with conditions/modifications, as listed above.**
 Do not recommend

Signature, Chair of MSOC (Chief of Staff) Date

DEPARTMENT CHIEF OF SERVICE:

_____ Approved as requested _____ Approved **with conditions/modifications, as listed.**
_____ Do not recommend

Signature, Chief of Service Date

SPECIALIST-IN-CHIEF:

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration.

_____ Approved as requested _____ Approved **with conditions/modifications, as listed.**
_____ Do not recommend

Signature, Specialist-in-Chief (or Designee) Date

Joint Conference Committee Action: _____
Date

JCC Approved 12.22.09; JCC Revised 09.28.18

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.
- If Board certification is time-limited, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff. DMC medical staff members on staff prior to July 1, 2009 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC Approved 10.27.2017