

**DEPARTMENT:** SURGERY

**SECTION:** ORAL MAXILLOFACIAL SURGERY

Name: \_\_\_\_\_  
(please print)

**Qualifications: EDUCATION / TRAINING / EXPERIENCE**

Core privileges in oral maxillary surgery require a MD, DO, DDS or DMD and successful completion of an American Dental Association - accredited residency program in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physical examination. Board certification maybe required within five years of appointment to medical staff based on departmental guidelines. Applicants shall submit a listing of all major operative or invasive procedures performed in the last 24 months.

**PRIVILEGING**

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below. Applicant: Place a check mark and initial in the (R) column for each privilege requested. Initial applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A) =Recommended as Requested (C) = Recommended with Conditions (N) =Not Recommended

Note: If recommendations for clinical privileges includes a condition, modification or not recommended, the specific condition and reason for same must be stated on the last page of this form.

(For office use only) Initial \_\_\_\_\_ Renewal \_\_\_\_\_ Effective \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

(R)	(A)	(C)	(N)	<b>CATEGORY I: ORAL MAXILLOFACIAL SURGERY CORE PRIVILEGES</b>			Department Chair Initials
				Privileges to admit, consult, evaluate, diagnose, perform surgical procedures, and provide postoperative management to patients to correct or treat illness, pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions, except as specifically excluded from practice and except for those advanced procedure privileges listed below.			
				Newborn & infants to 2 years			
				Children 2 years to 14 years			
				Adolescents 14 to 18 years			
				Adults 18 years and greater			
(R)	(A)	(C)	(N)	<b>CATEGORY II: ORAL MAXILLOFACIAL SPECIAL PRIVILEGES</b>			Department Chair Initials
				<i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			
				Privilege Requested	Required Previous Experience	Reappointment Criteria	
				Surgical correction of cleft lip and palate deformities and correction of those craniofacial deformities not requiring an intracranial approach.	For special privilege, all the qualifications for oral maxillofacial surgery, plus documentation of current training and/or experience in the management of specialty intervention or evidence of special certification		

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(R)	(A)	(C)	(N)	<b>CATEGORY II: ORAL MAXILLOFACIAL SPECIAL PRIVILEGES (continued)</b> <i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			Department Chair Initials
				Privilege Requested	Required Previous Experience	Reappointment Criteria	
				Procedures designed to enhance and improve form and appearance of the maxillofacial region. Cosmetic surgery is performed on hard and soft tissues to correct maxillofacial adiposity and deformities of the chin, maxillofacial contour, rhytids, eyelids, nasal structures, soft tissue of the face and neck, skin surface contour, and ear.	<i>For special privilege, all the qualifications for oral maxillofacial surgery, plus documentation of current training and/or experience in the management of specialty intervention or evidence of special certification.</i>		
				Administration of Moderate Sedation	<i>For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.</i>		

**PRIVILEGE CRITERION**

**Provisional Privileges:** *Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full anesthesiology privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall.*

**Special procedures:** *Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.*

**Use of Laser:** *Completion of an approved 6 hour minimum CME course which includes training in laser principles of safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty fields and a minimum of 4 hours didactic and 2 hours hands-on experience with lasers.*

**Moderate Sedation:** *For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.*

**Observation / Proctoring Requirements:** *Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.*

**Reappointment Requirements:** *Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per JCAHO guidelines.*

