



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

ATRIUM HEALTH
DELINEATION OF PRIVILEGES
SPECIALTY OF DENTISTRY

Print Name _____

Initial appointment Reappointment Updated DOP Request for Clinical Privileges

To be eligible for privileges in Dentistry, all applicants are to apply for Dentistry standard core privileges (CDEN-1) and must provide documentation of:

- being a graduate of a dental school accredited by the Commission on Dental Accreditation (CODA), or entities with reciprocity with CODA **OR**
- successfully completed a post-doctoral advanced general practice or specialty residency program accredited by CODA or entities with reciprocity with CODA

Dental specialists in the following specialties recognized by the American Dental Association (ADA) and the American Board of Dental Specialties (ABDS) [endodontics, oral medicine, orthodontics, pediatric dentistry, prosthodontics, and periodontics] seeking corresponding dental specialty core privileges to practice their specialty must:

- provide documentation of successfully completing a specialty residency program accredited by CODA **OR**
- be board certified in their dental specialty area according to the applicable Atrium Health Bylaws **OR**
- be board certified within five (5) years of completion of their specialty training program, in their specialty area according to the applicable Atrium Health Bylaws

Dentists applying to treat patients at any Atrium Health **in-patient, or hospital emergency room settings** and otherwise seeking admitting privileges must apply for **hospital dentistry special privileges (CDEN-2)** and fulfill the following:

- provide documentation of successfully completed a post-doctoral hospital-based advanced general dentistry or dental specialty residency program accredited by CODA, or entities with reciprocity with CODA, with training that must include documented experience from the residency program director, chair or chief of dentistry of the hospital department where training was received in inpatient and emergency room settings **OR**
- provide documentation of the number and types of hospital-based inpatient and emergency room consults / procedures performed during the past two (2) years

Dentists applying to treat patients at any Atrium Health **operating room setting** and otherwise seeking admitting and operating room privileges must apply for **operating room special privileges (CDEN-10)** and fulfill the following:

- provide documentation of successfully completed a post-doctoral hospital-based advanced general dentistry or dental specialty residency program accredited by CODA, or entities with reciprocity with CODA, with training that must include documented experience from the residency program director, chair or chief of dentistry of the hospital department where training was received with operating room experience and in the pre, intra, and post-operative management of patients **OR**
- provide documentation of the number and types of operating room cases performed during the past two (2) years

Dentists applying for privileges to perform at any Atrium Health facility specific procedures outside of the scope of general dentistry, or their specialty must apply for the corresponding **special privilege (CDEN-11 – CDEN-33)** and fulfill the following:

- specify the number of the specific procedure performed during the past two (2) years and provide documentation of at least three (3) cases performed over the past two (2) years **OR**
- provide documentation supporting training and/or competence in the specific procedure from the course director, certifying body, residency program director, chair or chief of dentistry of the department or institution where training in that procedure was received

Applicants have the burden, voluntarily or at the request of the Hospital or Department Chief, of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any questions.

Print Name _____

NOTE 1: Dentists must apply for “CORE” privileges in order to be eligible for clinical privileges in the Specialty of Dentistry at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: An adequate history and physical examination must be performed by a qualified member of the Medical and Dental Staff on every patient taken to the operating room.

Please check appropriate blocks when applying for privileges:

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		DENTISTRY STANDARD CORE PRIVILEGES
			N/A							CDEN-1	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages with general dentistry problems and conditions.</p> <p>Privileges include the following at the level and competence of a general dentist: clinical comprehensive oral evaluations, ordering and interpretation of diagnostic imaging and tests, oral pathology, restorations, removable and fixed prosthodontics, endodontics, extraction of teeth and other oral minor oral surgical procedures (small tori and lateral exostoses. minor soft tissue biopsies, extraction of soft tissue impacted teeth), diagnosis and management of temporomandibular and occlusal disorders, occlusal splints.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		HOSPITAL DENTISTRY SPECIAL CORE PRIVILEGES
			N/A							CDEN-2	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages with general dentistry problems and conditions in the emergency room and inpatient settings.</p> <p>Privileges include those outlined for general dentistry above and include (but not limited to): dental consultations on hospitalized in-patients, intraoral I&D of abscess, dentoalveolar splinting for trauma, simple repair of intraoral or perioral lip lacerations.</p>

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CDEN-3	Privileges include evaluation and management, as well as dental procedures approved for performance within the rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

*** DENTAL SPECIALTY CORE PRIVILEGES - SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA**

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ENDODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-4	Evaluate, diagnose, treat, and provide consultation to patients of all ages with endodontic problems and conditions. Privileges include endodontic therapy, endodontic retreatment, post placement, apexification/recalcification and apicoectomy/periradicular surgery.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ORAL MEDICINE STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-5	Evaluate, diagnose, treat and provide consultation to patients of all ages with oral medicine problems. Privileges include diagnosis and non-surgical management of oral and maxillofacial pain, oral lesions, salivary gland disorders, and the dental management of medically complex patients, biopsy of intraoral soft tissues and alveolar bone tissue, intralesional injections of medicaments and extraoral injections.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC DENTISTRY STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-6	<p>Evaluate, diagnose, treat and provide consultation to children with dental and periodontal problems.</p> <p>Privileges include restorations, stainless steel crowns, space maintenance, extractions, pulpotomies – primary dentition and pulpectomies – primary dentition; as well as management of mucosal lesions and odontogenic and soft tissue trauma in children.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PERIODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-7	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages with periodontal problems and conditions.</p> <p>Privileges include non-surgical periodontal services as well as periodontal surgical procedures including gingivectomy and gingivoplasty, anatomical crown exposure, clinical crown lengthening, guided tissue procedures, osseous surgery, bone grafting, alveolar ridge augmentation and socket preservation, soft tissue allografts, provisional splinting.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PROSTHODONTICS STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-8	<p>Evaluate, diagnose, treat, and provide consultation to patients of all ages who need fixed and removable prosthodontic care.</p> <p>Privileges include all aspects of complete and partial dentures, implant/abutment supported removable and fixed appliances, crown and bridge, and other intraoral implant services.</p>

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ORTHODONTIC STANDARD SPECIALTY CORE PRIVILEGES
			N/A							CDEN-9	<p>Evaluate, diagnose, treat and provide consultation to patients of all ages for problems, conditions and/or orthodontic dental maladies.</p> <p>Privileges include minor tooth movement, interceptive and comprehensive orthodontic treatment, and removable and fixed appliance therapy for harmful habits.</p>

REFERENCE

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS.**

- For initial application, addition of a special privilege or reappointment, the Dentist must submit proof of at least three (3) cases performed over the past two (2) years for each special privilege based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges **OR** provide proof of training and competence in the special privilege requested as denoted above.
- For those who would like to apply to continue to hold any special privileges but are unable to fulfill either of the two above criteria will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.
- The Department Chief may appoint a committee to determine if the Candidate's documentation is sufficient for approval. These cases will be examined by a committee appointed by the Chief, consisting of dentists trained and experienced in this field, and which will make a recommendation to the Chief. Approval will be granted based on the strength of the candidates training and clinical experience with these cases. Provisional approval may be granted subject to the candidate performing a specified number of cases under the supervision of a dental staff member appointed by the Chief.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	DENTISTRY SPECIAL PRIVILEGES Must apply for and maintain a Core Privilege	Number Within The Past 2 Years New Request Only	
			N/A							CDEN-10*	Operating room privileges	
			N/A							CDEN-11*	Sleep apnea appliance	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ENDODONTIC SPECIAL PRIVILEGES¹ Must apply for and maintain a Core Privilege	Number Within The Past 2 Years New Request Only	
			N/A							CDEN-12*	Apicoectomy/periradicular surgery	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PERIODONTAL SPECIAL PRIVILEGES² Must apply for and maintain a Core Privilege	Number Within The Past 2 Years New Request Only	
			N/A							CDEN-13*	Clinical crown lengthening	
			N/A							CDEN-14*	Periodontal osseous graft	
			N/A							CDEN-15*	Guided tissue procedure	
			N/A							CDEN-16*	Mucogingival surgery – including soft tissue grafts	
			N/A							CDEN-17*	Alveolar ridge augmentation/socket preservation	

¹ Endodontists are exempt from applying for these special privileges

² Periodontists are exempt from applying for these special privileges

Print Name

REFERENCE ONLY

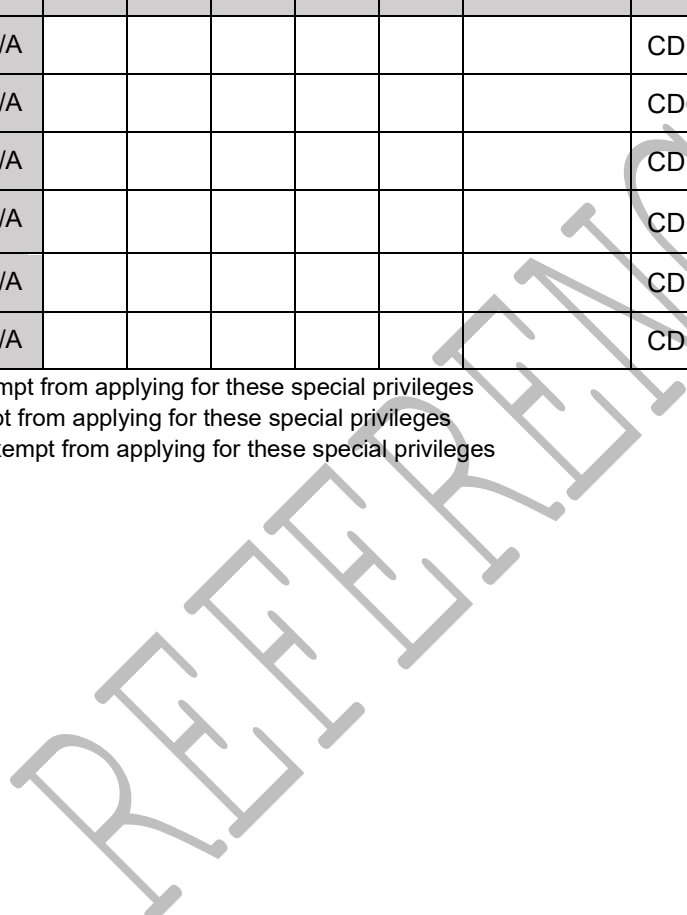
Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PROSTHODONTIC SPECIAL PRIVILEGES³ Must apply for and maintain a Core Privilege	Number Within The Past 2 Years New Request Only	
			N/A							CDEN-18*	Implant supported intraoral removable prostheses	
			N/A							CDEN-19*	Implant supported fixed dental restorations	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ORTHODONTIC SPECIAL PRIVILEGES⁴ Must apply for and maintain a Core Privilege	Number Within The Past 2 Years New Request Only	
			N/A							CDEN-20*	Space maintainers ⁵	
			N/A							CDEN-21*	Minor tooth movement ⁵	
			N/A							CDEN-22*	Interceptive orthodontic treatment ⁵	
			N/A							CDEN-23*	Comprehensive orthodontic treatment (using fixed or removable appliances)	
			N/A							CDEN-24*	Removable appliance therapy for harmful habits ⁵	
			N/A							CDEN-25*	Fixed appliance therapy for harmful habits ⁵	

³ Prosthodontists are exempt from applying for these special privileges

⁴ Orthodontists are exempt from applying for these special privileges

⁵ Pediatric Dentists are exempt from applying for these special privileges



Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	SURGICAL SPECIAL PRIVILEGES Must apply for and maintain a Core Privilege	Number Within The Past 2 Years New Request Only	
			N/A							CDEN-26*	Extraction of partial bony impacted teeth	
			N/A							CDEN-27*	Extraction of full bony impacted teeth	
			N/A							CDEN-28*	Exposure of unerupted teeth	
			N/A							CDEN-29*	Surgical placement of dental implants ⁶	
			N/A							CDEN-30*	Biopsy of intraoral soft tissues ⁷	
			N/A							CDEN-31*	Biopsy of alveolar bone tissue ⁷	
			N/A							CDEN-32*	Electrosurgery - Laser	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	MAXILLOFACIAL PROSTHODONTIC SPECIAL PRIVILEGES Must apply for and maintain a Core Privilege	Number Within The Past 2 Years New Request Only	
			N/A							CDEN-33*	Obturators and maxillofacial prostheses (e.g.: prosthetic eyes, nose, ears)	

⁶ Periodontists are exempt from applying for these special privileges

⁷ Oral Medicine and Periodontists are exempt from applying for these special privileges

Print Name

PRIVILEGES REQUESTED BY:

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 Atrium Health and;

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

_____, D.D.S./D.M.D. _____
Name Date

Print Name
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