

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
DIVISION OF HOSPITAL DENTISTRY
Department of Dentistry

REQUEST FOR CLINICAL PRIVILEGES

APPLICANT'S NAME: _____

DATE: _____

Procedures	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Class I General Dentistry: General dentistry procedures that can typically be performed by a qualified graduate of an ADA accredited dental school, such as local anesthesia, use of nitrous oxide, restoration of teeth, extraction of erupted teeth, routine periodontics, pediatric dentistry, prosthodontics, endodontics, minor orthodontics, soft tissue biopsy.		
SPECIAL REQUESTS		
Prosthetic procedures on dental implants		
Full "banded" or complex orthodontics		
Surgical endodontics (posterior teeth)		
Maxillary obturator		
Other (Please List)		
Class II Treatment of oral disease requiring skills acquired during advanced education or training necessary to be board eligible by the following specialty areas:		
Endodontics		
Oral & Maxillofacial Pathology		
Orthodontics		
Pediatric Dentistry		
Periodontics		
Prosthodontics		
ANESTHESIA		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
List drugs for which approval requested:		

Applicant's Signature

Date

Domenick Coetti, DDS, MD
Division Chief, Dentistry

Date

Robert A. Ord, DDS, MD
Chair, Department of Dentistry & Oral/Maxillofacial Surgery

Date

Applicant's Confirmation Signature
(to be completed if any privilege is not approved)

Date