

**PEDIATRIC DENTISTRY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)
- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

**QUALIFICATIONS FOR PEDIATRIC DENTISTRY**

<b><i>Education and training</i></b>	Successful completion of an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation.  <i>Specialty Designation</i> — Dentists wishing to identify themselves as specialists in pediatric dentistry and proclaim limitation of their practices to this clinical area must complete their training in American Dental Association-approved programs.
<b><i>Certification</i></b>	Current certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) by the American Board of Pediatric Dentistry.
<b><i>Required current experience – initial</i></b>	Demonstrated current competence and evidence of at least 10 operating room cases and in 5 of those cases provide pre-operative workup and assessment, conduct medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of dental procedures, post-operative care, discharge and follow-up and completion of medical records, in the past 12 months or successful completion of specialty residency training in the past 12 months.
<b><i>Required current experience – renewal</i></b>	Demonstrated current competence and of at least 20 operating room cases and in 10 of those cases provide pre-operative workup and assessment, conduct medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of dental procedures, post-operative care, discharge and follow-up and completion of medical records in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.
<b><i>Ability to perform (health status)</i></b>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BH North = Broward Health North

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**CORE PRIVILEGES – PEDIATRIC DENTISTRY**

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**Requested**     **BHMC**     **BHCS**

Co-admit, evaluate, diagnose, consult, perform dental examination and provide diagnostic, preventive, and therapeutic oral health care for infants and children through adolescence including those with special health care needs to correct or treat various and other presenting conditions affecting the oral cavity; dentition, its investing structures (gingivae and alveolar processes), oral/oropharyngeal mucosa. Provide dental care for:

- Children 5 years of age and under who due to extensive nature of dental problems or severe anxiety cannot be treated safely in the dental clinic setting
- Children of any age who because of mental disability such as autism, down's syndrome, etc. or physical disability such as severe cerebral palsy cannot be safely treated in the dental clinic setting
- Adults who because of mental or physical disability cannot cooperate with dental treatment in the dental clinic setting
- Children with high risk medical conditions that necessitate having their dental treatment under general anesthesia in the OR

Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. \*Co-admission is to be done in conjunction with a staff physician of an appropriate specialty. The core privileges in this specialty include the procedures below and such other procedures that are extensions of the same techniques and skills.

1. Perform dental history and physical
2. Administer Nitrous Oxide
3. Apicoectomy
4. Crown and bridge preparation
5. Evaluation and treatment of trauma to primary, mixed, and permanent dentitions
6. Extractions not including complete bony extractions
7. Extraoral surgical procedures including but not limited to benign tumor removal, incision and drainage, minor cyst removal
8. Foreign body removal
9. General anesthesia
10. Gingivectomy
11. Local anesthetic
12. Minor soft tissue surgery and repair with the oral cavity to include frenectomy, grafts, and suturing lacerations
13. Occlusal adjustment
14. Operative restorations
15. Oral biopsy, uncomplicated
16. Peri coronal gingival excision
17. Periodontal scaling
18. Prosthetic replacement of teeth
19. Root canal therapy for deciduous teeth
20. Root planning
21. Space maintenance including active appliances

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- 22. Splinting
- 23. Surgical exposure and/or removal of impacted/unerupted teeth
- 24. Surgical splint
- 25. Tooth exposure, surgical
- 26. Tooth extraction including erupted and impacted

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

**USE OF LASER**

Requested     BHMC     BHCS

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10-hour minimum CDE course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least five (5) procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

**ADMINISTRATION OF SEDATION AND ANALGESIA**

Requested     BHMC     BHCS     BHIP     BH North

See Broward Health’s Sedation Protocol for additional information for Sedation and Analgesia by Non-Anesthesiologists

Requested     Level 1 – Deep Sedation

Requested     Level 2 – Moderate Sedation

**Criteria:** Successful completion of ACGME or AOA accredited post graduate training or Commission on Dental Accreditation (CDA) training that included sedation training and completion of Broward Health’s online education module for sedation education with a passing score of at least 85%. Initial and ongoing American Health Association certification in ACLS, ATLS, PALS, and/or NRP as specific to the patient population. **Required Current Experience:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the administration of at least five (5) cases in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes. There will be a five-day grace period to present valid life certification if the physician’s certification expires.

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**ACKNOWLEDGEMENT OF PRACTITIONER**

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *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 privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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