

**UPMC**  
**Delineation of Privileges Request**  
**Criteria Summary Sheet**

**Facility:** UPMC Bedford

**Specialty:** DENTAL SURGERY

<b>KNOWLEDGE</b>	Successful Completion of an DDS/DMD, accredited program
<b>TRAINING</b>	The successful completion of an approved American Dental Association Commission on Dental Accreditation post graduate residency program
<b>CERTIFICATION</b>	N/A
<b>OTHER</b>	<p>The granting of privileges in Dentistry shall be based upon verified information using, but not limited to, the following criteria:</p> <ul style="list-style-type: none"><li>▪ Current medical/dental license in Pennsylvania;</li><li>▪ Federal, and where applicable, state registration to dispense narcotics;</li><li>▪ Relevant training and clinical experience;</li><li>▪ Demonstrated clinical competence and ability to recognize and manage any complications;</li><li>▪ Health status (Physical and mental) in so far as the ability to perform duties with or without accommodation;</li><li>▪ Review of quality assurance and risk management findings;</li><li>▪ References and recommendations from credible sources;</li><li>▪ No adverse findings report from the National Practitioner Data Bank and no Medicare/Medicaid sanctions;</li><li>▪ Proof of current, adequate professional malpractice insurance.</li></ul>