

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

**Facility:** Childrens Hospital of Pittsburgh of UPMC, North

**Specialty:** DENTAL SURGERY

<b>KNOWLEDGE</b>	MD, DDS, DMD or equivalent international degree
<b>TRAINING</b>	The successful completion of an approved American Dental Association Commission on Dental Accreditation post graduate residency program or equivalent international training
<b>CERTIFICATION</b>	Board certified in their respective dental specialty or oral, maxillofacial surgery within five (5) years of becoming eligible to sit for the exam
<b>OTHER</b>	<p><b>For Procedural Sedation Privileges:</b> Must show PALS, ATLS, or ACLS Certification</p> <p><b>Initial Appointment:</b></p> <ul style="list-style-type: none"> <li>▪ <b>General Dentistry Core:</b> The applicant must demonstrate successful completion of a general dentistry and/or oral, maxillofacial surgery training program approved by the American Dental Association or equivalent international training. Candidates must be American Board certified in their respective dental specialty or oral, maxillofacial surgery within five (5) years of becoming eligible to sit for the exam. Exceptions may be considered in unusual circumstances with approval of the Division Chief, CHP Surgeon-in-Chief and CHP Credentials and Medical Executive committees.</li> <li>▪ <b>Pediatric Dentistry Core:</b> In addition to the qualifications for the General Dentistry Core, the applicant must also have completed a minimum of a two-year residency/clinical fellowship program in Pediatric Dentistry in a recognized Pediatric Dentistry program with a documented hospital rotation. The applicant must have performed as primary surgeon 20 procedures to verify technical competency during the past 24 months of active clinical practice by means of a case procedure log. Experience garnered during residency and/or fellowship training may be included.</li> <li>▪ <b>Special Dental Privileges:</b> The applicant must have performed as primary surgeon 50 of special Dental procedures total during the past 24 months of active clinical practice by means of a case</li> </ul>

procedure log.

- **References:** A letter of reference is required from the director of the applicant's pediatric dentistry residency program and/or oral, maxillofacial surgery training program or from the chief of Pediatric Dentistry or Oral, Maxillofacial Surgery at the institution where the applicant was most recently affiliated. In addition, the names and contact information for **two** other pediatric dentists/oral, maxillofacial surgeons familiar with the applicant's Pediatric Experience or "Specific/Special Expertise experience" are required.

**Reappointment to Active or Affiliate Staff:**

- Applicants must demonstrate that they have maintained competence by showing evidence to the satisfaction of the division chief that they have been closely involved in the consultation on or management of at least 20 pediatric Dentistry/oral, maxillofacial surgery cases during the past 24 months.
- Must perform 20 special dental cases over the past 24 months.
- There must be documented evidence (listing of course, date, CMEs awarded) of a minimum of 30 Category I continuing medical education hours related to Pediatric Dentistry or Oral, Maxillofacial Surgery during the preceding 24 months. Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked.