

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

**Facility:** UPMC McKeesport

**Specialty:** ORAL AND MAXILLOFACIAL 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 in Oral and Maxillofacial surgery
<b>CERTIFICATION</b>	May be Board Eligible attaining Board Certification within five (5) years of completing residency.
<b>OTHER</b>	<ul style="list-style-type: none"> <li>▪ For <b>Moderate Sedation</b> privileges, certificate or equivalence required.</li> <li>▪ <b>Nose and Maxilla</b> privileges can only be requested if assisting an otolaryngology surgeon</li> <li>▪ Physicians who have completed an approved residency which did <u>not</u> include a requested procedure as a structured learning experience, shall provide the following             <ul style="list-style-type: none"> <li>- Documentation of completion of an accredited course including at least twelve (12) hours of didactic and hands on training;</li> <li>- A professional reference from an experienced surgeon concerning the applicant's competence in the procedure.</li> </ul> </li> </ul> <p>Documentation must be provided of an instructional course accrediting the specific laser and laparoscopic surgery and its operative applications. Note that the certificate must delineate the specific laser(s) involved in the course and their operative application(s). The request for laser privileges and laparoscopic surgery will not be considered unless the necessary documentation is attached.</p>