

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

**Facility:** UPMC Presbyterian, South Surgery Center

**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>	N/A
<b>OTHER</b>	<ul style="list-style-type: none"> <li>▪ <b>Nose and Maxilla</b> privileges can only be requested if assisting an otolaryngology surgeon</li> </ul> <p><b><u>FLUOROSCOPY</u></b></p> <p>Initial Privileges</p> <ol style="list-style-type: none"> <li>1. Review the educational materials contained in a didactic manual, “Minimizing Risks from Fluoroscopic X-Rays” by Louis Wagner &amp; Benjamin Archer.</li> <li>2. Successfully complete a written test (passing grade of 80%). Up to 2.5 Category 1 CME credits will be awarded for a passing score.</li> <li>3. Complete and submit a CME registration and evaluation form.</li> </ol> <p><b>For Re-certification</b> (re-certification for fluoroscopy certification is required as part of the reappointment process):</p> <ol style="list-style-type: none"> <li>1. Access the Fluoroscopy Rapid Deployment CME module at the following website: <a href="http://cme.health.pitt.edu">http://cme.health.pitt.edu</a></li> </ol> <p><b><u>LASER</u></b></p> <ol style="list-style-type: none"> <li>1. For each laser type and operative category, produce a letter from your residency chair or director stating the laser safety training and use of supervision during your residency</li> </ol> <p>OR</p> <ol style="list-style-type: none"> <li>2. For each specific laser type and operative category provide documentation of an instructional course taken to learn about this specific laser and its operative applications. Please note that the certificate must delineate the specific laser(s) involved in the course and their operative application(s).</li> </ol>

OR

**3.** Complete the in-house Laser Education and Proctoring Program by:  
Taking the University of Iowa Health Care laser safety-training test.

**a.** You must read the safety course items and then click on Basic Laser Safety Exam. You need to then type in all of your personal information and take the test. Before you click on “Submit the Test” please print the test. Then hit Submit and the test will be scored for you. You will need to print this as well. You must score 100% to pass the test.

**b.** You will need to submit these two (2) printouts to the appropriate Medical Staff Office. The fax number for the Presbyterian Campus is 412-647-6607 while the fax number for the Shadyside Campus is 412-623-3005.

**c.** Completing laser proctoring at either the Presbyterian Campus or the Shadyside Campus of UPMC Presbyterian Shadyside with a colleague in your department who is recommended by your department chair as qualified. The proctor must have the laser privileges you are requesting and deem you qualified for each laser type and operative category you are requesting. The individual must proctor two (2) individual cases for each laser type and operative application requested. The proctor’s documentation must accompany the addendum and be returned to the appropriate Medical Staff Office for processing as part of your application to the Medical Staff.

The Laser Safety Officer can provide further clarification regarding these policies and give you assistance arranging for a proctor.

**NOTE:** The request for laser privileges will not be considered unless the necessary documentation is attached