

LIST OF CLINICAL PRIVILEGES – ORAL AND MAXILLOFACIAL PATHOLOGY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT:

NAME OF MEDICAL FACILITY:

ADDRESS:

Dental providers requesting privileges in this specialty must also request privileges in General Dentistry.

I Scope		Requested	Verified
P391090	The scope of privileges in oral and maxillofacial pathology includes the ability to evaluate, investigate and diagnose pathologic conditions of the oral and maxillofacial tissues and structures.		
Diagnosis and Management (D&M)		Requested	Verified
P390152	Macroscopic and microscopic tissue examination		
P390154	Preparation of tissue examination report		
P390156	Forensic dental identification examination		
P390158	Interpret frozen section		
P390161	Order and evaluate histochemical, immunohistochemical, in-situ and molecular stains/studies		
P390163	Sign out of microscope tissue examination		
P390166	Order and evaluate electron microscopic examinations		
P390168	Interpret fine needle aspirate		
P390170	Interpret oral cytologic smears		
P390172	Interpretation of advanced imaging systems (tomograms, computerized tomography, and magnetic resonance imaging)		
P390174	Comprehensive management of oral manifestations of chronic systemic disease, e.g., lichen planus, pemphigoid, and erythema multiforme		
P390176	Order and evaluate direct immunofluorescence studies		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – ORAL AND MAXILLOFACIAL PATHOLOGY (CONTINUED)

II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE