

# PEDIATRIC DENTISTRY PRIVILEGE FORM

**NAME:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_ **To** \_\_\_\_\_

**LEGEND:**    1 - Baptist                      2 - Beaches                      3 - Memorial                      4 - Nassau                      5 - Orange Park  
                   6 - St. Luke's                      7 - St. Vincent's                      8 - Shands/Jax                      9 - Specialty                      10 - Wolfson  
                   11 - Brooks                      12 - South

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	11	12	CORE PRIVILEGES	APPR
												Admit, assess and provide diagnostic, preventative and therapeutic oral healthcare to pediatric patients to correct or treat various routine conditions of the oral cavity including dental x-rays, general restorative dentistry, local anesthesia, minor tooth movements, preventive or interceptive treatments, prosthetic replacement of teeth, pulpectomy, pulpotomy and root canal treatment. These privileges do not include any of the Special Procedures listed separately.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	11	12	SPECIAL PROCEDURES	APPR
												Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
												Deep Sedation [Hospital 5, 10++]	
												Extraoral Blocks	
												Moderate Sedation/Analgesia [Hospital 5, 10++]	

**Acknowledgement of Practitioner:** I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- If blacked out, this privilege is not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.