

# PEDIATRIC ORAL & MAXILLOFACIAL SURGERY 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
												Admission, physical assessment, and the performance of surgical procedures on pediatric patients presenting with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. Includes cleft lip and palate repair, dentoalveolar surgery, distraction osteogenesis, harvesting/grafting of bone, cartilage, fascia, mucosa and skin, nerve repair; reposition, grafting, surgery of salivary glands, ducts, and maxillary sinus, surgical treatment of maxillofacial cysts, infections, injuries, lacerations, lesions, tumors, wounds, TMJ arthroscopy, TMJ surgery, reconstruction, and orthognatics surgery for acquired, developmental and congenital anomalies, treatment of facial pain, upper/mid/lower face fractures and use of alloplasts, implants, meshes, pins, plates and staples.	

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.	
												Contravis Microscope [Hospital 10 <sup>++</sup> ]	
												Craniofacial Surgery [Hospital 10 <sup>++</sup> ]	
												Deep Sedation [Hospital 10 <sup>++</sup> ]	
												Laser Surgery CO2 [Hospital 10 <sup>++</sup> ]	
												Moderate Sedation/Analgesia [Hospital 10 <sup>++</sup> ]	
												Muscle and Myocutaneous flaps	

**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.