



**University of Michigan  
Hospitals and Health Centers**

**UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS**

**Delineation of Privileges  
Department of Surgery/Section of Oral and Maxillofacial Surgery**

Name: \_\_\_\_\_  
Please Print or Type

**CORE PRIVILEGES**

**Minimum Training and Experience:**

Applicants must have received a D.D.S., D.M.D., or its equivalent, from an approved school of dentistry, or its equivalent for foreign graduates.

Successful completion of an American Dental Association (ADA) approved four year residency program in oral and maxillofacial surgery or its equivalent for foreign graduates.

Minimum previous experience in oral and maxillofacial surgery:

- A.** If appointed to staff immediately after completion of oral and maxillofacial surgery residency:
- (1) A letter of reference from the director of the residency program at which the applicant trained documenting satisfactory completion of the program (including adequate case volume and demonstration of competency in patient care required by the American Board of Oral and Maxillofacial Surgery, or the equivalent Board for foreign graduates, prior to its certifying exam).
  - (2) Two additional supporting letters from oral and maxillofacial surgery faculty of the candidate's residency program.
  - (3) Certification by the American Board of Oral and Maxillofacial Surgery, or the equivalent Board for foreign graduates, within 3 years of the initial appointment to UMMC staff.
- B.** If appointed to staff from either private practice or from another academic institution:
- (1) A letter of reference from the applicant's most recent service chief documenting adequate clinical volume (number of operations during the past 24 months) and competency in patient care.
  - (2) Two additional supporting letters from oral and maxillofacial surgeons who have known the applicant at least two years and are acquainted with the applicant's current professional status, clinical practice, and involvement in the field of oral and maxillofacial surgery.
  - (3) Certification by the American Board of Oral and Maxillofacial Surgery, or the equivalent Board for foreign graduates.
  - (4) Current Faculty: Continued experience is documented by having participated in the care of 20 patient cases within the previous credentialing period.

## Scope of Practice/Privileges

Privileges include history and physicals, admission work-up, diagnostic evaluation, consultation and the performance of oral and maxillofacial surgical procedures on patients of all ages presenting with illness, injuries, and acquired and congenital disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions as defined by the American Board of Oral and Maxillofacial Surgery in its 1995 Booklet of Information.

**Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges. Individuals will only perform privileges for which they are qualified.**

<b><u>Instructions: Strike out any privilege not requested or performed.</u></b>
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- Admit, discharge, evaluate, diagnose, consult and perform surgical procedures, with postoperative management for patients of all ages with disorders, diseases, or injuries of the functional and aesthetic aspects of hard and soft tissues of the maxillofacial and oral regions.
- Alveoplasty
- Caldwell-Luc procedure for tooth removal
- Cheiloplasty for benign disease
- Chronic systemic disease (lichen planus, pemphigoid, erythema multiforme), manage oral manifestations of
- Cosmetic surgery (facial), including, but not limited to: - blepharoplasty; - genioplasty; - lipectomy; - otoplasty; - rhinoplasty; - rhytidectomy; - scar revision
- Cysts (intraoral), major/minor
- Deep space infections, manage
- Deformities of hard and soft tissue, correction of
- Electron microscopic examinations, order/evaluate
- Face, head, neck lacerations
- Facial skeleton fractures, open/closed reductions, including: - mandible; - maxilla; - midface region; - naso frontal-orbital-ethmoidal; - nose; - orbit, including soft tissues; - zygomatic-maxillary; frontal sinus, frontal bone
- Harvest bone graft for maxillofacial reconstruction
- Histochemical stains, order/evaluate
- Immunohistochemical stains, order/evaluate
- Impacted teeth, including: - removal; - surgical exposure
- Implant surgery, dental
- Lingual tori, removal
- Lip and cleft palate defects/alveolar clefts, repair of
- Lip shave for benign disease
- Major laceration (intraoral surgery)
- Oral-antral fistula repair
- Orthognathic surgery, craniofacial malformations
- Palati tori (exostosis), removal
- Preprosthetic surgery
- Ranula excision
- Reconstructive surgery, including, but not limited to: - bone grafting; - comprehensive case management involvement; - continuity defect management; - craniofacial surgery; - facial cleft repair; - soft tissue grafting
- Salivary duct surgery
- Salivary gland surgery, including: - sublingual; - submandibular; parotid
- Skin grafts and flaps
- Surgical extractions
- Surgical treatment of sleep apnea
- Temporomandibular joint (TMJ) disturbances, manage
- Tissue examinations, macroscopic/microscopic
- TMJ arthroscopy

- Upper respiratory and upper digestive endoscopies

- Requested (Applicant)       Recommended approval (Service Chief/Chair)
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## **LEVEL II**

### **Scope of Practice/Privileges**

#### **MALIGNANT HEAD AND NECK TUMORS**

##### **Minimum Training and Experience**

Subspecialty training is necessary for surgical management of malignant head and neck tumors, including reconstruction.

Subspecialty training may be documented by: operating room cases, continuing education courses and/or fellowships, or its equivalent, that require hands-on experience. Two letters of recommendation attesting to competency in this area.

Current Faculty: Continued experience is documented by having participated in the care of 15 patient cases within the previous credentialing period.

- Requested (Applicant)       Recommended approval (Service Chief/Chair)
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### **Scope of Practice/Privileges**

#### **MICROSURGERY**

##### **Minimum Training and Experience**

Subspecialty training is required for microanastomosis of nerves and/or vessels for head and neck reconstruction.

Subspecialty training may be documented by: operating room cases, continuing education courses and/or fellowships, or its equivalent, that require hands-on experience in both the cadaver and micro-surgical laboratory. Two letters of recommendation attesting to competency in this area.

Subspecialty training is necessary for use of lasers in surgical treatment of soft tissue lesions of the head and neck region. Subspecialty training may be documented by: a didactic course in laser physics, operating room cases, continuing education courses and or fellowships that require hands-on experience. Two letters of recommendation attesting to competency in this area.

Current Faculty: Continued experience is documented by having participated in the care of 15 patient cases within the previous credentialing period.

- Requested (Applicant)       Recommended approval (Service Chief/Chair)

**SPECIAL PRIVILEGES**

**A separate application is required to APPLY or REAPPLY for the following Special Privileges:**

- ▶ **FLUOROSCOPY**
- ▶ **LASER**
- ▶ **ROBOTIC SURGICAL PLATFORM**
- ▶ **SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST**

**PLEASE go to URL: [www.med.umich.edu/i/oca](http://www.med.umich.edu/i/oca) for instructions, or contact your Clinical Department Representative.**

**TO BE COMPLETED BY APPLICANT:**

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

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

**DEPARTMENT ACTION:**

**APPROVAL:**

\_\_\_\_\_ As Requested \_\_\_\_\_ As Modified (please explain) \_\_\_\_\_

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Service Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDENTIALS COMMITTEE ACTION:**

\_\_\_\_\_ Approval as Requested \_\_\_\_\_ Not Approved (please explain) \_\_\_\_\_

Credentials Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

**EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:**

\_\_\_\_\_ Approval as Requested \_\_\_\_\_ Not Approved (please explain) \_\_\_\_\_

Executive Committee On Clinical Affairs - Member: \_\_\_\_\_ Date: \_\_\_\_\_