

## Department Chair's Credentials Checklist for New Clinical Faculty

Faculty Credentialing Website [http://www.db.uth.tmc.edu/clinic-pat/Patient\\_Care/clincredent.htm](http://www.db.uth.tmc.edu/clinic-pat/Patient_Care/clincredent.htm)

Faculty Member: \_\_\_\_\_

### Application for Clinical Privileges (Form at Website)

	OK	NA	DEFICIENT
A. All items completed/all questions answered			
B. Applicant signature			
C. Chair signature			

### Delineation of Privileges (Form at Website)

A. Appropriate privileges requested			
B. Chair initials to grant or deny requests			
C. Applicant signature			
D. Chair signature			

### Required Documents

A. Current dated CV, less than 6 mos old) in UTDB format ( <a href="http://www.db.uth.tmc.edu/prof-develop/Prof-Devdocs/cv_format.htm">http://www.db.uth.tmc.edu/prof-develop/Prof-Devdocs/cv_format.htm</a> )			
B. Copy of professional school diploma			
C. Copy of post-professional school degrees/certificates/diplomas			
D. Copy of a professional license			
1. Full Texas license			
2. Faculty Texas license			
3. Other license (other state or foreign) (Within six months of employment applicant must obtain either a Faculty or Full Texas Dental or Hygiene License)			
E. Copy of DEA registration (if applicant wishes to prescribe controlled substances and will not be using institutional number)			
F. Copy of Texas DPS registration (if applicant wishes to prescribe controlled substances)			
G. Copy of current CPR Healthcare Provider Card			
H. Copy of current ACLS or PALS card (required if privileges are requested to administer parenteral, deep sedation or general anesthesia)			

### Verification of Educational Credentials

All educational credentials must be verified. Educational credentials are verified by a review of an official transcript from the registrar of the issuing institution sent to:

University of Texas Dental Branch at Houston  
Associate Dean for Educational Research and Professional Development  
6516 M.D. Anderson Blvd.  
Houston, Tx 77030

Transcripts from any source other than the registrar are not acceptable.

A. Dental/hygiene school transcripts requested			
B. Post-doctoral transcripts requested			

Chair Signature: \_\_\_\_\_