

INSTRUCTIONS FOR COMPLETING APPLICATION FOR CLINICAL PRIVILEGES

INITIAL APPLICATION (go to next page if Re-credentialing)

A. Requirements:

1. One of the following:
 - a. DDS/DMD degree from an ADA-accredited dental school (diploma not required when current license to practice dentistry in any U.S. State is submitted); if not from an ADA-accredited dental school, see additional requirements under *Applicants without a DDS/DMD from an ADA-accredited Dental School* in the *Clinical Credentialing* document.
 - b. Recognized Specialty Certificate of Training from an ADA-accredited institution (not required if documentation of specialty board certification is submitted), if applicable
 - c. Certificate of completion in Dental Hygiene from an ADA-accredited program (not required when current license to practice dental hygiene in any US State is submitted)
2. Current license to practice dentistry or dental hygiene in any jurisdiction. Faculty not licensed in the State of Texas must submit an application to the Texas State Board of Dental Examiners for either a faculty license or a full active license within six (6) months of employment at the Dental Branch.
3. Current in continuing education requirements in State or jurisdiction of licensure at the time of application.
4. Declaration of satisfactory physical and mental health by applicant.

B. Applicant Instructions:

Submit the following to your Dental Branch Department Chair:

1. Completed and signed "Application for Clinical Privileges"
2. Completed and signed "Delineation of Clinical Privileges"
3. Copy of license to practice dentistry (any U.S. State*)
4. Copy of current registration to practice dentistry (any U.S. State*)
5. Copy of current CPR certification
6. Current curriculum vitae (within the past six months) using UTDB format
See http://www.db.uth.tmc.edu/prof-develop/Prof-Devdocs/cv_format.htm for correct format
7. If applicable, copy of appropriate advanced education certificate/diploma, or copy of specialty board certification or registration
8. If prescribing controlled substances:
 - a. Copy of current Texas Department of Public Safety (DPS) registration certificate.
 - b. Copy of DEA registration certificate with date if individual DEA number to be used. If the Dental Branch Institutional DEA number will be used rather than an individual number, a provider-specific suffix will be issued by the Office of the Associate Dean for Patient Care.

* If foreign jurisdiction, see *Applicants without a DDS/DMD degree from an ADA-accredited Dental School* for additional requirements.

9. Official transcripts for verification of educational credentials are to be provided to the Associate Dean for Patient care. Transcripts are required for the undergraduate dental degree, hygiene certificate or degree and all subsequent degrees and/or certificates. Official transcripts are to be mailed to the Associate Dean for Patient care by the registrar of the issuing institution. Transcripts provided by an applicant for clinical privileges cannot be used for verification. Transcripts should be sent to the following address:

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

RECREDENTIALING APPLICATION

A. Requirements:

1. Required every two (2) years.
2. Currently credentialed faculty will be notified approximately ninety (90) days before expiration of current clinical privileges.
3. Previously submitted documents which are currently valid do not need to be resubmitted (i.e., Diplomas, Certificates of Completion, Board Certification Documentation, etc).
4. Current evidence of DEA Certification, CPR Training, and ACLS Training, if applicable, must be submitted if expired or not available electronically to the Office of the Associate Dean for Patient Care.
5. A summary of continuing dental education totaling twenty-four (24) hours during the 24-month period prior to recredentialing. Note: Documentation of course attendance must be maintained by applicant (see *Special Conditions/Privileges: II. Continuing Education*).
6. Evidence of appropriate training and experience should support any request for privileges in addition to those previously granted.

B. Applicant Instructions:

Submit the following to your Dental Branch Department Chair:

1. Completed and signed "Application for Clinical Privileges"
2. Completed and signed "Delineation of Clinical Privileges"
3. Copy of current CPR certification
4. Current curriculum vitae (within the past six months) using UTDB format
See http://www.db.uth.tmc.edu/prof-develop/Prof-Devdocs/cv_format.htm for correct format
5. Summary of continuing dental education (see above)

INSTRUCTIONS TO DEPARTMENT CHAIR:

1. Review application and supporting documents.
2. Recommend granting or denial for each requested privilege by initial in the appropriate column.
3. (Optional) If sedation/anesthesia privileges to be requested, submit application to Chair of Oral & Maxillofacial Surgery/Dental Anesthesiology for review.
4. Forward all application documents to the Office of the Associate Dean for Patient Care.
5. If desired, submit written request for temporary privileges to Associate Dean for Patient Care.