

Dental Staff Identification

QUAD A recognizes that significant differences exist in all countries related to the qualifications of dental clinic staff. QUAD A wants to assure that appropriate requirements are met for accreditation. All dentists working in the dental facility have completed appropriate medical and dental training to perform the procedures in their specialty. Where licensure exists, all dentists must be licensed; where specialty certification exists, all dentists must have appropriate certificates. If non-physicians use the facility they must be appropriately trained and must be licensed or certified where possible. Where applicable, no dentist may perform a procedure in the dental facility that he/she does not have privileges to perform in a local hospital.

Physician/Dentist: _____
 Specialty(s): _____
 License # _____
 Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
 Yes _____ No _____

Physician/Dentist: _____
 Specialty(s): _____
 License # _____
 Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
 Yes _____ No _____

Physician/Dentist: _____
 Specialty(s): _____
 License # _____
 Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
 Yes _____ No _____

Physician/Dentist: _____
 Specialty(s): _____
 License # _____
 Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
 Yes _____ No _____

Physician/Dentist: _____
 Specialty(s): _____
 License # _____
 Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:
 Yes _____ No _____



Physician/Dentist: _____

Specialty(s): _____

License # _____

Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:

Yes _____ No _____

Physician/Dentist: _____

Specialty(s): _____

License # _____

Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:

Yes _____ No _____

Physician/Dentist: _____

Specialty(s): _____

License # _____

Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:

Yes _____ No _____

Physician/Dentist: _____

Specialty(s): _____

License # _____

Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:

Yes _____ No _____

Physician/Dentist: _____

Specialty(s): _____

License # _____

Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:

Yes _____ No _____

Physician/Dentist: _____

Specialty(s): _____

License # _____

Has privileges at local accredited or licensed acute care hospital for all procedures done at this facility:

Yes _____ No _____