

LIST OF CLINICAL PRIVILEGES – ENDODONTICS DENTISTRY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (*Reference facility master Strawman. Use of this code is reserved for the Credentials Function.*)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

Dental providers requesting privileges in this specialty must also request privileges in General Dentistry.

I Scope		Requested	Verified
P384758	The scope of privileges in endodontics includes the ability to evaluate, diagnose, consult, manage, and provide therapy and treatment for patients of all ages presenting with conditions or disorders involving the dental pulp and periapical tissues of the teeth. Endodontists may assess, stabilize, and determine disposition of these patients.		
Diagnosis and Management (D&M)		Requested	Verified
	N/A		
Procedures		Requested	Verified
P384760	Complicated nonsurgical root canal therapy for all permanent teeth		
P384762	Surgical root canal therapy including root-end resection, root- end filling, decompression, root resection, bicuspidization, hemisection, perforation repair, trephination, and incision and drainage		
P384764	Pulpal regeneration (immature permanent tooth with a necrotic pulp)		
P384766	Osseous grafts (intraoral autografts, allografts and alloplasts)		
P387171	Internal repair of perforation		
P387163	Root amputation/hemisection		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

CLINICAL PRIVILEGES – ENDODONTICS DENTISTRY (CONTINUED)

II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE