

## LIST OF CLINICAL PRIVILEGES – PEDIATRIC 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 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
<b>P390230</b>	The scope of privileges in pediatric dentistry includes the evaluation, diagnosis, consultation, management, and provision of therapy and treatment for pediatric patients presenting with conditions or disorders involving the oral cavity and its associated structures. Pediatric dentists may assess, stabilize, and determine disposition of patients with dental diseases and disabilities or dysfunctions. They interpret radiographs and diagnostic tests to determine the type and extent of dental diseases. Dentists restore function of carious, fractured, otherwise defective teeth, provide behavior management techniques and perform routine preventive, periodontal, oral surgery, endodontic, and prosthodontic treatment. Practitioners may provide care to patients in the operating room setting in accordance with MTF policies.		
<b>Diagnosis and Management (D&amp;M)</b>		<b>Requested</b>	<b>Verified</b>
	N/A		
<b>Procedures</b>		<b>Requested</b>	<b>Verified</b>
<b>P390232</b>	Obturator prosthesis		
<b>P390234</b>	Tooth extraction: mesiodens, anterior supernumeraries, immature premolars in conjunction with serial extraction treatment		
<b>P390236</b>	Orthodontic treatment: limited to minor tooth movement, craniofacial analysis, expansion appliances, functional appliances, sectional arch wires, utility archwire, 2x4 and 2x6 appliances, extraoral traction devices, fixed and removable retainers, and habit correction appliances		
<b>P390238</b>	Nonsurgical management of temporomandibular disorders (pediatric patients)		
<b>P390240</b>	Pediatric procedural sedation		
<b>P390244</b>	Pulpotomy (deciduous tooth)		
<b>P387251</b>	Space maintenance		
<b>P390189</b>	Comprehensive orthodontic treatment		
<b>Other (Facility- or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – DENTAL PEDIATRICS (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**