

LIST OF CLINICAL PRIVILEGES – PERIODONTICS

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

PHYSICIANS REQUESTING PRIVILEGES IN THIS SUBSPECIALTY MUST ALSO REQUEST PRIVILEGES IN GENERAL DENTISTRY

I Scope		Requested	Verified
P390208	The scope of privileges in periodontics includes the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes for patients of all ages; the maintenance of the health, function and esthetics of these structures and tissues as they relate to the oral cavity and systemic health; and the replacement of lost teeth and supporting structures by grafting or implantation of natural and synthetic devices and materials. Practitioners may provide care to patients in the operating room setting in accordance with MTF policies.		
Procedures		Requested	Verified
P390210	Complete occlusal adjustment		
P390212	Tooth reimplantation		
P390214	Surgical placement of endosteal implant		
P390216	Sinus augmentation		
P390218	Therapeutic drug injection		
P390220	Hard tissue biopsy		
P390222	Removal of benign tumor, cyst, or neoplasm		
P390224	Vestibuloplasty		
P390226	Oroantral repair		
P390228	Partial ostectomy / sequestrectomy		
P387173	Gingivectomy		
P387175	Mucogingival flap procedure / apically positioned flap		
P387177	Osseous surgery / crown lengthening		
P387181	Guided tissue (including bone) regeneration procedures (GTR, GBR)		
P387183	Soft tissue graft		
P386895	Extraction of soft and hard tissue impaction (include surgical removal of soft tissue implants only)		
P386897	Sequestrectomy		
P386904	Ridge augmentation and contouring (hard and soft tissue)		
P386906	Osseointegrated implants		

CLINICAL PRIVILEGES – PERIODONTICS (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