

Air Force Clinical Privileges List –INSTRUCTIONS

Practitioners Completing Air Force Form(s) 28XX, 39XX, 41XX, 42XX or 43XX.

Step 1: Practitioner

- a. Print your name as specified.
- b. Print name of medical facility where you are currently training.

Step 2: Supervisor (Program Director/Dean)

- a. Supervisor (program director/dean) enters the appropriate numeric code in the VERIFIED column to reflect skills gained during training/education. *Code numbers are listed in the top ½ of page one of the list of clinical privileges in **bold** print. “1” for fully qualified, “2” for requires supervision, “4” for not requested/not approved due to lack of expertise or proficiency. **DO NOT use “3”, initials or checkmarks.***
- b. The Program Director/Dean checks one of the Recommendation boxes and provides comments, if applicable/needed; then signs and dates Part II in the “Signature of Clinical Supervisor” block.

Dentists Completing AF Form 244 (Note: oral maxillofacial surgeons must complete an AF Form 244 and AF Form 2818-11)

Step 1: Dentist

- a. Print your name as specified.
- b. Print name of dental facility where you are currently employed/training.
- c. If privileges in the Non-Core area were gained during training/education, the institution affiliated with that privilege, must be documented in section B, and the alpha code for that institution documented in the JUSTIFIED column for the privilege to be verified.

Step 2: Supervisor (Program Director/Dean)

- a. Supervisor (program director/dean) enters the appropriate code number in the VERIFIED column to reflect skills gained during training/education. *Code numbers are listed in the top ½ of page one of the list of clinical privileges in **bold** print. “1” for fully qualified, “2” for requires supervision, “4” for not requested/not approved due to lack of expertise or proficiency. **DO NOT use “3”, initials or checkmarks.***

NOTE: If privileges in the Non-Core area were gained during training/education, the institution affiliated with that privilege, must be documented in section B, and the alpha code for that institution documented in the JUSTIFIED column for the privilege to be verified.

- b. The Program Director/Dean checks one of the Recommendation boxes and provides comments, if applicable/needed; then signs and dates Part II in the “Clinical Supervisor’s Recommendation” block.

Note: *Privilege list must be completed, signed and dated no earlier than 45 days prior to training/education completion. If forms are completed and received prior to the appropriate date, they may be returned to the practitioner/dentist to be re-accomplished.*