**Clinical Privileges - Dentist**

**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 current capability and should not consider any known facility limitations. List training to justify award of non-core privileges in the space provided and use corresponding letter codes in the Justification Code column in section B. Sign and date the form. Forward the form to your Clinical Supervisor. (Make all entries in ink.)

**Clinical Supervisor:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, 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. Forward the form to the Credentials Function. (Make all entries in ink.)

**Codes:**
1. Fully competent within defined scope of practice. (Clinical oversight of some allied health providers is required as defined in AFI 44-119.)
2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)
3. Not approved due to lack of facility support. (Reference facility master privileges list.)
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 AFI 44-119.

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### I. List of Clinical Privileges - Dentist

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<thead>
<tr>
<th>Request Code</th>
<th>Justified Code</th>
<th>Request Verified</th>
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#### A. Core Privileges (*All dental AFSCs must request a Code 1 or a Code 2 for asterisked items*)

1. **Oral Diagnosis**
   - a. Clinical oral evaluation*
   - b. Oral cancer screening*
   - c. Dental radiographs/diagnostic imaging*
   - d. Pulp Vitality testing*
   - e. Adjunctive medical laboratory studies*

2. **Preventive Dentistry**
   - a. Dental prophylaxis*
   - b. Topical fluoride treatment*
   - c. Dental Sealant*
   - d. Oral health counseling*
   - e. Enameloplasty/microabrasion
   - f. Athletic mouthguard/fluoride carrier
   - g. Maintenance of dental implants

3. **Restorative Dentistry**
   - a. Emergency temporary restoration*
   - b. Direct restorations (amalgam/composite/glass ionomer)
   - c. Metal/orcrometal crown/inlay/onlay
   - d. Post and core
   - e. Stainless steel crown (primary/permanent tooth)
   - f. Vital bleaching procedure

4. **Endodontics** (permanent tooth)
   - a. Pulpectomy*
   - b. Endodontic therapy permanent tooth
   - c. Internal bleaching

5. **Periodontics**
   - a. Scaling and root planing *

6. **Prosthodontics**
   - a. Complete denture
   - b. Removable partial denture
   - c. Fixed partial denture

7. **Oral Surgery**
   - a. Simple extraction *
   - b. Pericoronitis treatment *
   - c. Intrarossal Incision and drainage *
   - d. Treatment of avulsed tooth *
   - e. Treatment of alveolar fracture/stabilization of tooth *
   - f. Suture intraoral wound*
   - g. Soft tissue biopsy*

8. **Orthodontics**
   - a. Emergency treatment of fixed appliances (Removal or replacement of bands, brackets, ligatures, elastics, or wires)*

9. **Pediatric Dentistry**
   - a. Pulpotomy (primary tooth)*

10. **Adjunctive General Services**
    - a. Palliative/emergency treatment of dental pain*
    - b. Local anesthesia*
    - c. Regional block anesthesia *
    - d. Occlusal guard

#### B. Non-Core Privileges

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<thead>
<tr>
<th>Title of Training</th>
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## I. LIST OF CLINICAL PRIVILEGES - DENTIST (Continued)

### B. NON-CORE PRIVILEGES

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<tr>
<th>Request</th>
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<td>7. MAXILLOFACIAL PROSTHODONTICS (continued)</td>
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#### 1. DIAGNOSIS

- h. Obturator prosthesis

#### a. Maxillofacial diagnostic radiograph
- i. Surgical stent or splint

#### b. Sialography
- j. Radiotherapy prosthesis

#### c. Temporomandibular joint film
- k. Feeding aid

#### d. Tomographic radiograph
- l. Speech aid prosthesis

#### e. Cephalometric radiograph analysis

#### 2. RESTORATIVE

- a. Surgical removal of erupted tooth

#### a. Gold foil restoration
- b. Removal of impacted tooth

#### b. Ceramic crown/inlay/onlay
- c. Surgical removal of residual roots

#### c. Ceramic labial veneer
- d. Oroantral fistula procedure

#### 3. ENDODONTICS

- e. Tooth transplantation

#### a. Apexification/recalcification
- f. Surgical exposure of unerupted tooth

#### b. Periradicular surgery
- g. Hard tissue biopsy

#### c. Root amputation/hemisection
- h. Surgical repositioning of tooth

#### d. Intentional reimplantation
- i. Vestibuloplasty

#### e. Treatment of obstructed canal
- j. Radical excision of reactive lesion

#### f. Endodontic re-treatment
- k. Removal of benign tumor, cyst, or neoplasm

#### g. Repair of internal perforation
- l. Removal of exostosis

#### 4. PERIODONTICS

- m. Partial ostectomy

#### a. Gingivectomy
- n. Removal of foreign body

#### b. Gingival flap procedure/apically positioned flap
- o. Autogenous/non-autogenous graft

#### c. Osseous surgery/crown lengthening
- p. Repair soft/hard tissue defect

#### d. Bone replacement graft
- q. Frenectomy

#### e. Guided tissue regeneration
- r. Synthetic graft/implant

#### f. Soft tissue graft

#### g. Provisional splinting
- h. Localized delivery of therapeutic agents

#### i. Guided bone regeneration
- | 9. ORTHODONTICS |
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<td>6. PROSTHODONTICS</td>
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| | (**Asterisked item may be requested by oral and maxillofacial pathologist only)**

#### 7. MAXILLOFACIAL PROSTHODONTICS

- a. Facial moulage
- b. Intravenous sedation

#### a. Facial moulage
- c. Clinical hypnosis

#### b. Custom earpiece fabrication
- d. Hospital admission

#### c. Facial prosthesis (nasal/auricular/orbital etc.)
- e. Operating room privileges adult

#### d. Facial implant prosthesis
- f. Hyperbaric monitoring

#### e. Ocular prosthesis
- g. Therapeutic drug injection

#### f. Cranial prosthesis
- h. Obstructive sleep apnea appliance

#### g. Nasal septal prosthesis
- i. Intraoral use of laser
I. LIST OF CLINICAL PRIVILEGES - DENTIST (Continued)

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APPLICANTS REMARKS

I have reviewed and understand the Air Force Dental Clinical Practice Guidelines for the procedures for which I have requested privileges.

SIGNATURE OF APPLICANT

II. CLINICAL SUPERVISORS RECOMMENDATION

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III. DENTAL COMMANDER/CHIEF

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### IV. ADDITIONAL COMMENTS


### V. BIENNIAL REVIEW

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