

NON-CORE PRIVILEGE FORM: ORTHODONTICS PRIVILEGE REQUEST

Applicant's Name:

License No. :

Scope of Practice:

	Privileges	For applicant use		For committee use		
		Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1	Interceptive orthodontic treatment					
2	Orthodontic treatment (including bonding bracket on surgically exposed teeth and applying traction on impacted teeth)					
3	Insertion of removable and fixed functional appliances					
4	Orthodontics treatment in orthognathic surgery patients					
5	Orthodontic treatment for cleft and syndrome patients.					
6	Insertion of orthodontics mini screws					
Additional Privileges (Specify if any):						

For Committee use only

Committee Decision:

Evaluation type:

- By Interview (virtual / personal)
 By documents only
 Or both

Other comments:

.....
.....

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

Committee members:

Name: Date:
Signature: Stamp:

Name: Date:
Signature: Stamp:

Name: Date:
Signature: Stamp:

Medical director of the facility:

Name: Date:
Signature: Stamp:

Guidelines For Non-Core Privilege Request In Orthodontics

1. Updated Curriculum - Vitae (C. V).
2. Personal declaration of dental privileges.
3. Copy of bachelor's degree & postgraduate degree certificates.
4. Copy of training certificate/courses attended in the requested privilege.
5. Copy of work experience in the requested privilege if have.
6. Treated cases -3 cases.

Presentation Guidance Scheme for

Case documentation should include Clinical photographs and radiographs as the below guideline:

1. **Photographs:** before treatment, photo during and after treatment.
2. **Radiograph:** before treatment X-ray, after treatment X-ray up to 1 year follow – up. Radiograph should be in good quality.
3. **Formats:** PowerPoint presentation or Similar Program.
4. **Number of Cases:** Should not be less than 10 completed cases.