



NON-CORE PRIVILEGE FORM: ENDODONTICS 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	Apexification/ Apexogenesis					
2	Conventional Root Canal Therapy (Multi Rooted Teeth)					
3	Non-surgical Re-treatment (Multi Rooted Teeth)					
4	Root Amputation/ Hemisection					
5	Periradicular Surgery					
6	Intentional Re-implantation					
7	Treatment of Obstructed Canals					
8	Removal of Broken Instruments					
9	Repair of Internal Perforations					

For Committee use only

Committee Decision:

Evaluation type:

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

Other comments:

.....

Clinical privileging committee members:

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:

Endodontics case submission guidelines for Non-core privilege applications

1. All candidates are required to submit only 15-18 cases in the PowerPoint presentation template provided. All cases must be presented in one PowerPoint presentation.
2. Without exception, excellent quality radiographs or digital images should be the standard. Radiographs editing is not accepted at all.
3. The submitted cases should be relevant to the requested procedure which the applicant is requesting the privilege to perform.
4. Case presentations need to have complete documentation which should include the following:
 - Patient details (initials, gender, age...)
 - Patient chief complaints.
 - Medical & dental history.
 - Pre-operative radiographs.
 - Working length radiographs.
 - Relevant radiographic findings.
 - Other special investigations.
 - Diagnosis.
 - Aims & objectives of the treatment.
 - Start & end dates of the treatment.
 - Post-operative radiographs.
 - Recall & follow ups radiographs if present.
 - Rubber dams must be used in all cases.
5. For re-evaluation after temporary privilege, you are required to submit the cases performed with the temporary privilege with copy of patient file, and logbook of total number of cases performed with the privilege.
6. In case of missing documents or improper case submission, the request will be rejected. Please refer to the Guidelines for Dentist regarding requirements for privilege applications.



PowerPoint Presentation template

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Cases Submitted for Endodontic Non-core privilege/ Specialist Request

(To submit 15-18 cases on a USB drive in the form of Microsoft presentation)

Submitted by:

Dr _____

License # _____

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Endodontic Non-core privilege request for the following procedures

(select the required procedure from the following list,
delete the non applicable precedures)

- I. Apexification / Apexogenesis
- II. Conventional Root canal Therapy (multi rooted teeth)
- III. Non surgical retreatment (multi rooted teeth)
- IV. Root amputation / hemisection
- V. Periradicular surgery
- VI. Intentional reimplantation
- VII. Treatment of obstructed canals
- VIII. Removal of broken instruments
- IX. Repair of internal perforations

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Case # 1

- **Patient personal data**
- Patient's Initials : _____
- DOB: _____
- Sex: _____
- Medical History: _____
- Dental history: _____
- Case Summary: _____
- Patient's Chief Complaint: _____

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- Clinical Findings : _____
- Extra Oral: _____
- Intra Oral: _____

Pre Operative x ray***

- Relevant Radiographic Findings: _____

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- **Other special investigations**
- **Diagnosis:**
- Pulpal: _____
- Periapical: _____
- Prognosis: _____
- Treatment Plan: _____
- Aims & Objectives of the treatment: _____
- Number of Visits: _____

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- Procedure Steps: _____
- Start Date: xx/xx/xxxx
- End Date: xx/xx/xxxx
- Working Length x-ray ***
- Postoperative x-ray***
- Recall x-ray***
- Recall Date: _____
- Recall findings: _____

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Minimum X-ray Required:
(should be good quality diagnostic x-rays)

- Preoperative x-ray
- Working Length x-ray
- Postoperative x-ray
- Recall x-ray

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Case # 2

- **Patient personal data**
- Patient's Initials: _____
- DOB: _____
- Sex: _____
- Medical History: _____
- Dental history: _____
- Case Summary: _____
- Patient's Chief Complaint: _____

Continue in the same format as in Case # 1