

NON-CORE PRIVILEGE FORM: PERIODONTICS 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	Periodontal Flap Surgery					
2	Mucogingival Surgery (Gingivoplasty, Frenectomy, Free Gingival/Mucosal Grafting, Gingivectomy, Root Coverage)					
3	Osseous Surgery/ Crown Lengthening					
4	Guided Tissue Regeneration					
5	Guided Bone Augmentation					

Committee Decision:

Evaluation type:

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

Other comments:

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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:

Guidelines For Non-Core Periodontic Privileges Request

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 case (for Periodontics privilege) - 10 cases.

Presentation Guidance Scheme for Non-core Periodontic privileges.

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

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