



Privileges Form: Dental Implants

Privilege Request

(Dentist)

Applicant's Name:

Scope of Practice:

License No. (If Any):

Facility:

Date:

Instructions

For applicant:

1. Please note that you should sign next to each requested privilege.
2. Please use this sign (v) for the requested privilege.
3. Please leave any procedures you do not want to apply for blank and do not use (X) sign.
4. Please do not write additional privilege out of your scope of practice, as it will not be accepted.
5. Please do not write anything in the "for committee Use "section.
6. For additional privilege, do not choose the already granted privilege
7. Please attach the previous approval of the privilege when you apply for additional privilege.
8. Please note that you can apply for Appeal within one month of the date of Issuance of the Privilege.
9. You can only apply Once for Appeal per a single Privilege Application.

For committee:

1. Please note that the final decision must be signed by minimum 2 committee members.
2. Please use this sign (v) for recommended and not-recommended privilege.
3. Please specify the reasons for rejection (if applicable); for example (require experience, logbook is insufficient, need additional courses, etc.)



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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
Category I: Basic Dental Implant					
1.Cases with sufficient bone					
2.Cases of single implant for single tooth Restoration					
3.Cases of fixed partial dentures of three units, supported by two dental implants					
4.Cases of dental implants in the mandible to support removable full denture					
Category II: Advanced Dental Implant					
1.Cases with more than 2 neighboring dental implants in the same arch to support fixed partial denture of multiple units					
2.Cases of not neighboring implants in the same arch which is to support a full arch restoration of splinted or non-splinted units					
3.Cases of insufficient bone that require the use of advanced surgical techniques for bone augmentation of the Maxilla & Mandible					
4.Cases that would require any kind of clinical application of the concepts of guided bone regeneration or maxillary sinus lifting that includes both Osteotome technique or lateral window sinus lift					
5.Surgical Placement of endosseous implants					



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Note:

- You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.
- By signing below, I acknowledge that I have read, understand, and agree to abide by DHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:
 - a) In exercising any clinical privileges granted, I am constrained by DHP's policies and rules applicable generally and any applicable to the particular situation.
 - b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the recognized policies and rules.

.....
Applicant's signature (Stamp if any)

.....
Date

.....
Medical Director (of the facility the applicant
will perform surgeries in) Stamp & Signature

.....
Date



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For Committee use only

Committee Decision:

Evaluation type:

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

Other comments:

.....

Evaluation Committee Chairman:

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

.....
Chairperson's Stamp & signature

.....
Date

Other Committee Members:

.....
1) Name

.....
Date

.....
2) Name

.....
Date



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GUIDELINES FOR IMPLANT PRIVILEGE REQUEST

1. Request letter from the employer requesting this privilege or mentioning your experience in the given privilege.
2. Copy of work experience in the requested privilege if have.
3. Copy of bachelor's degree & postgraduate degree certificates.
4. Copy of training certificate/courses attended in the requested privilege.
5. Updated Curriculum - Vitae (C. V).
6. Personal declaration of dental privileges.
7. Treated case (for dental implant as below).

Presentation Guidance Scheme for dental implant privilege.

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

- 1- Photographs: before surgery, photo during and after healing.
- 2- Radiograph: before surgery X-ray, after surgery X-ray up to 1 year follow-up. Radiograph should be in 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