



Non-core Privilege Form: Endodontics

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)
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					



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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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Endodontics case submission guidelines for Specialists /or/ Non-core privilege applications

1. All cases should be submitted to the Department of Healthcare Professions (DHP), Ministry of Public Health and upon receiving the cases an interview may be scheduled depending on the initial evaluation.
2. All candidates are required to submit 15-18 cases in the PowerPoint presentation template provided. All cases must be presented in one PowerPoint presentation and it must be submitted in one USB drive to Counter 13, Ground floor, MOPH building.
3. Without exception, excellent quality radiographs or digital images should be the standard. **Radiographs editing is not accepted at all.**
4. The interview will be based on the cases submitted earlier through DHP. Any additional cases submitted by the candidate at the day of the interview will not be evaluated or reviewed.
5. **The submitted cases should be relevant to the requested procedure which the applicant is requesting the privilege to perform.**
6. 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.**

Non-core privileges in Endodontics

- Conventional Root canal Therapy (multi rooted teeth).
- Non-surgical retreatment (multi rooted teeth).
- Apexification / Apexogenesis.
- Root amputation / hemisection.
- Periradicular surgery.
- Intentional reimplantation.
- Treatment of obstructed canals.
- Removal /bypass of broken instruments.



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- Repair of internal perforations.

PowerPoint Presentation format

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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 power point 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 procedures)

- 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