DELINEATION OF CLINICAL PRIVILEGES - DENTISTRY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER	2. RANK/GRADE	3. AOC	4. PRIVILEGING PERIOD *(YYYYMMDD)* FROM TO
5. MEDICAL/FACILITY *(Name and Address: City/State/ZIP Code)*			
6. DATE BOARD ELIGIBLE *(YYYYMMDD)*	7. BOARD EXAM TAKEN Total ☐ Partial ☐	8. DATE OF BOARD CERTIFICATION *(YYYYMMDD)*	

INSTRUCTIONS

GENERAL: The scope of privileges for each AOC will be identified using procedure codes and definitions that are consistent with current nomenclature. Providers will be given a list of the procedures corresponding to the AOC for which they request privileges.

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED" of Section I indicating the dental AOC for which you are requesting privileges. Requests for additional privileges may be entered in the remarks section or by separate attachment. Documents verifying training and competency may be required for additional privileges and/or those that require special certification.

ADMINISTRATIVE SUPERVISOR: This individual is normally the Officer in Charge (OIC) of the primary facility to which the provider will be assigned, or the OIC's designee. Review the requested privileges and complete Section II. This serves as a recommendation to the Credentials Committee and the commander who is the approval authority.

CREDENTIALS COMMITTEE CHAIRPERSON: Review the requested privileges and complete Section III. This serves as the Credentials Committee's recommendation to the commander who is the approval authority.

PROVIDER CODES

1 - Fully competent to perform
2 - Modification requested *(Justification attached)*
3 - Supervision requested
4 - Not requested

SECTION I - CLINICAL PRIVILEGE

Requested		Requested	
	General Dentistry (63A)		Dental Public Health (63H)
	Comprehensive Dentistry (63B)		Pediatric Dentistry (63K)
	Periodontics (63D)		Orthodontics (63M)
	Endodontics (63E)		Oral & Maxillofacial Surgery (63N)
	Prosthodontics (63F)		Oral Pathology (63P)

REMARKS *(Use attachment if necessary.)*

SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - ADMINISTRATIVE SUPERVISOR RECOMMENDATION			
	Approve as requested		Clinical supervision required *(Justify below)*
	Approve with Modification *(Specify below)*		Disapprove *(Justify below)*

REMARKS *(Use attachment if necessary.)*

SUPERVISOR *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION			
	Approve as requested		Clinical supervision required *(Justify below)*
	Approve with Modification *(Specify below)*		Disapprove *(Justify below)*

REMARKS *(Use attachment if necessary.)*

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - DENTISTRY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	General Dentistry (63A)			
	Comprehensive Dentistry (63B)			
	Periodontics (63D)			
	Endodontics (63E)			
	Prosthodontics (63F)			
	Dental Public Health (63H)			
	Pediatric Dentistry (63K)			
	Orthodontics (63M)			
	Oral & Maxillofacial Surgery (63N)			
	Oral Pathology (63P)			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*