

Clinical dental privileges forms

General Dental Practitioner privilege

Valid from: ___ / ___ / ____ Valid to: ___ / ___ / ____

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Locum
			<input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

- 1-Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- 2- This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- 3- The responsible department will be monitoring adherence to the approved privileges.
- 4-Any Dental practitioner functioning outside his/her clinical privileges will be liable.
- 5-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- 6-Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- 7-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- 8-Privileges Validity with the SCFHS accreditation (two year).
- 9-There is no additional privilege for the general dental practitioner
- 10-Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Definitions	
Last Degree	Latest and highest achieved qualification in the dental field accredited by SCFHS
Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice
Clinical Privileges	The authorization by a health care entity or the central privileging committee to a health care practitioner for the provision of health care services.
Basic Privileges	Means a specific set of privileges for the General Dentist after successful completion of general residency program (Internship) includes essential patient care services that is routinely taught in the training period for that specialization (Bachelor degree)

Instructions	
Applicant	Check off the "Requested" box for each privilege requested. (First Column)
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last column of this form. If recommended with conditions or not recommended, Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Core Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1- General Assessment Procedures				
<input type="checkbox"/>	1.1 General examination, diagnosis, and initial treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Requesting laboratory tests			
<input type="checkbox"/>	1.5 Prescribing medications.			
<input type="checkbox"/>	1.6 Taking impressions and requestion diagnostic casts			
<input type="checkbox"/>	1.7 Pulp Vitality Testing			
<input type="checkbox"/>	1.8 Referral to an appropriate medical specialist as needed.			
2- Anesthesia				
<input type="checkbox"/>	2.1 Anesthesia: Infiltration, Local and Regional Block			
3- Preventive Care				
<input type="checkbox"/>	3.1 Topical fluoride application			
<input type="checkbox"/>	3.2 Pits and fissure sealants.			
<input type="checkbox"/>	3.3 Preventive resin restoration (PRR)			
<input type="checkbox"/>	3.4 Nutrition and dietary counseling and modification.			
<input type="checkbox"/>	3.5 Smoking cessation counseling.			
<input type="checkbox"/>	3.6 Oral hygiene instructions			
<input type="checkbox"/>	3.7 Dental Prophylaxis.			
4- Periodontal Care				
<input type="checkbox"/>	4.1 Initial periodontal examination.			
<input type="checkbox"/>	4.2 Removal of supra gingival calculus.			
<input type="checkbox"/>	4.3 Deep scaling and root planning.			
<input type="checkbox"/>	4.4 Periodontal maintenance procedures			
<input type="checkbox"/>	4.5 Application of Desensitizing Medications			



5- Restorative Care				
<input type="checkbox"/>	5.1 Caries control			
<input type="checkbox"/>	5.2 Simple restorations (class I, V)			
<input type="checkbox"/>	5.3 Complex restoration (II, III, IV, VI)			
<input type="checkbox"/>	5.4 Dental Bleaching – Vital office bleaching – Vital home bleaching			
<input type="checkbox"/>	5.5 Direct and indirect pulp capping.			
6. Surgical care				
<input type="checkbox"/>	6.1 Simple extractions of all teeth, remaining roots (not including third molars, surgical extractions)			
<input type="checkbox"/>	6.2 Incision and drainage of minor abscess (intra-oral).			
<input type="checkbox"/>	6.3 Management of minor intra-oral lacerations			
7. Endodontic care				
<input type="checkbox"/>	7.1 Pulp extirpation			
<input type="checkbox"/>	7.2 Root canal treatment of single rooted with one canal (Anterior and premolar teeth)			
8. Pediatric Care				
<input type="checkbox"/>	8.1 pulpotomy			
<input type="checkbox"/>	8.2 Restorations of deciduous teeth			
<input type="checkbox"/>	8.3 Extractions of deciduous teeth			
<input type="checkbox"/>	8.4 Space maintainer			
<input type="checkbox"/>	8.5 Stainless-steel crown			
9. Prosthetic care				
<input type="checkbox"/>	9.1 Acrylic removable partial prosthetic appliances for partial edentulous cases / repair			
<input type="checkbox"/>	9.2 Single Crowns restoration with no alteration of occlusion or vertical dimensions up to total five unit (not part of a full mouth rehabilitation)			
<input type="checkbox"/>	9.3 Crown and bridge removal, construction of temporary crowns and bridges			
10. Emergency				
<input type="checkbox"/>	10.1 Provide emergency treatment and palliative intervention to dental pain, and minor intra-oral abscess			
<input type="checkbox"/>	10.2 Management of fractured and traumatized teeth			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Specialist			

Clinical Privilege – AEGD

Valid from: ___ / ___ / ____ Valid to: ___ / ___ / ____

Name		SCFHS Reg. No.	
Employee No.		Last Certificate	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

- Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- The responsible department will be monitoring adherence to the approved privileges.
- Any medical practitioner functioning outside his/her clinical privileges will be liable.
- Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Instructions

Applicant	Check off the “Requested” box for each privilege requested.
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Definitions	
Last Certificate	Latest and highest achieved qualification in the dental field.
Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as a Medical Doctor or a Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Core (Basic) Privileges	Means a specific set of privileges for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization

Core Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1- General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing uncontrolled medications.			
<input type="checkbox"/>	1.5 Taking impressions and request diagnostic casts			
<input type="checkbox"/>	1.6 Pulp Vitality Testing			
<input type="checkbox"/>	1.7 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.8 Follow up and re-evaluation of patients.			
2- Anesthesia				
<input type="checkbox"/>	2.1 Anesthesia: Infiltration, Local and Regional Block			

3- Preventive Care				
<input type="checkbox"/>	3.1 Topical fluoride application			
<input type="checkbox"/>	3.2 Application of Desensitizing Medications			
<input type="checkbox"/>	3.2 Nutrition and dietary counseling and modification.			
<input type="checkbox"/>	3.3 Smoking cessation counseling.			
<input type="checkbox"/>	3.4 Oral hygiene instructions			
<input type="checkbox"/>	3.5 Dental Prophylaxis.			
<input type="checkbox"/>	3.6 Pits and fissure sealants.			
<input type="checkbox"/>	3.7 Preventive resin restoration (PRR)			
4- Periodontal Care				
<input type="checkbox"/>	4.1 Initial periodontal examination.			
<input type="checkbox"/>	4.2 Removal of supra gingival calculus.			
<input type="checkbox"/>	4.3 Deep scaling and root planning.			
<input type="checkbox"/>	4.4 Periodontal maintenance procedures			
5- Restorative Care				
<input type="checkbox"/>	5.1 Simple restorations (class I, V)			
<input type="checkbox"/>	5.2 Complex restoration (II, III, IV, VI)			
<input type="checkbox"/>	5.3 Tooth build-up.			
<input type="checkbox"/>	5.4 Reshaping and reconstruction of teeth.			
<input type="checkbox"/>	5.5 Operative direct restorations – simple.			
<input type="checkbox"/>	5.6 Operative direct restorations – complex.			
<input type="checkbox"/>	5.7 Direct veneers.			
<input type="checkbox"/>	5.8 Repair restoration failures.			
<input type="checkbox"/>	5.9 Office bleaching.			
<input type="checkbox"/>	5.10 Home bleaching.			
<input type="checkbox"/>	5.11 Non-vital bleaching.			
6- Surgical Care				
<input type="checkbox"/>	6.1 Uncomplicated extractions.			
<input type="checkbox"/>	6.2 Perform surgical and non-surgical extraction of erupted teeth			
<input type="checkbox"/>	6.3 Management of surgical complications			
<input type="checkbox"/>	6.4 Diagnose and manage oral pathological abnormalities			
<input type="checkbox"/>	6.5 Incision and drainage of minor abscess (intra-oral).			
<input type="checkbox"/>	6.6 Management of fractured or traumatized teeth			
<input type="checkbox"/>	6.7 Management of minor intra-oral lacerations			



7- Endodontic Care				
<input type="checkbox"/>	7.1 Pulp capping.			
<input type="checkbox"/>	7.2 Management of painful tooth emergencies			
<input type="checkbox"/>	7.3 Management of traumatic dental injuries			
<input type="checkbox"/>	7.4 Anterior root canal treatment			
<input type="checkbox"/>	7.5 Bicuspid root canal treatment			
<input type="checkbox"/>	7.6 Molar root canal treatment			
<input type="checkbox"/>	7.7 Simple root canal re-treatment			
<input type="checkbox"/>	7.8 Complex root canal retreatment			
8 Pediatric Care				
<input type="checkbox"/>	8.1 Provisional crowns of temporary and permanent teeth utilizing different techniques (pre-fabricated, chairside and lab fabricated)			
<input type="checkbox"/>	8.2 Occlusion management for primary, mixed, and permanent dentition			
<input type="checkbox"/>	8.3 Stainless steel crowns			
<input type="checkbox"/>	8.4 Manage the behaviors of anxious children and adolescents, children with cognitive development delays			
<input type="checkbox"/>	8.5 Uncomplicated extractions of deciduous teeth			
<input type="checkbox"/>	8.6 Pulp capping.			
<input type="checkbox"/>	8.7 Pulpotomy.			
<input type="checkbox"/>	8.8 Pulpectomy			
<input type="checkbox"/>	8.9 Vital pulp therapy (apexogenesis and apexification)			
<input type="checkbox"/>	8.10 Restoration of the decayed deciduous teeth			
9 Prosthetic Care				
<input type="checkbox"/>	9.1 Indirect partial restorations; inlays & onlays.			
<input type="checkbox"/>	9.2 Single crowns.			

<input type="checkbox"/>	9.3 Post and core.			
<input type="checkbox"/>	9.4 Repair failed prostheses			
<input type="checkbox"/>	9.5 Full metal crown (PFM) up to 6 units.			
<input type="checkbox"/>	9.6 Porcelain fused to metal crowns up to 6 units			
<input type="checkbox"/>	9.7 All-porcelain crowns up to 6 units			
<input type="checkbox"/>	9.8 Post and core.			
<input type="checkbox"/>	9.9 Indirect veneers			
10 Special care dentistry				
<input type="checkbox"/>	10.1 Operative treatment for patients with special needs			
<input type="checkbox"/>	10.2 Endodontic treatment for patients with special needs			
<input type="checkbox"/>	10.3 Removable and fixed prosthodontic treatment for patients with special needs			
<input type="checkbox"/>	10.4 Surgical extractions of teeth for patients with special needs			
11 Emergency				
<input type="checkbox"/>	11.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Implantology

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Locum	<input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

- 1-Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- 2-This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- 3-The responsible department will be monitoring adherence to the approved privileges.
- 4-Any medical practitioner functioning outside his/her clinical privileges will be liable.
- 5-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- 6-Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- 7-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- 8-Privileges Validity with the SCFHS accreditation two years
- 9-Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.
- 10-Successful completion of an SCHS approved residency with a minimal of (2) years training in a specialty or subspecialty which included training in surgical implant placement such Periodontics, Prosthodontics, Restorative dentistry, Oral and maxillofacial surgery programs.
- 11-Documentation of successful completion of an approved and recognized course in moderate sedation that includes training in:
 - 1- The safe administration of sedative and analgesic drugs used to establish a level of moderate sedation
 - 2- Used of several agents for opioids and benzodiazepines
 - 3- Monitoring of patients' physiologic parameters during sedation
 - 4- Recognition of abnormalities in monitored variables that require intervention by the non-anesthesiologist sedation practitioner or anesthesiologist

Or Documentation of completion of competency in performing moderate sedation from directors of residency or fellowship training programs which include moderate sedation as part of the curriculum

Definitions	
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Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as a Medical Doctor or a Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Additional Privileges	The permission of providing procedures in dentistry that require advance qualifications and training beyond postgraduate degrees accredited by the Saudi commission for health specialties (SCFHS) such as a fellowship in Implant dentistry include a range of specialized disciplines that are considered subfields of the primary specialty. These procedures must be performed by a senior registrar and consultant who has obtained an additional subspecialty qualification or fellowship representing a distinct practice within the main specialty

Instructions	
Applicant/ central privileging committee	<p>Check off the "Requested" box for each privilege requested.</p> <p>Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.</p> <p>Coding Description:</p> <ol style="list-style-type: none"> 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Additional Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not-Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Compute essential periodontal indices (plaque, bleeding, and gingival disease)			
<input type="checkbox"/>	1.3 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.4 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.5 Prescribing controlled medications.			
<input type="checkbox"/>	1.6 Referral to an appropriate medical specialist as needed.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Requesting special pathological study.			
<input type="checkbox"/>	2.3 Electro surgery.			
<input type="checkbox"/>	2.4 Cryosurgery and laser.			
<input type="checkbox"/>	2.5 Intraregional injection.			

3-Anesthesia

<input type="checkbox"/>	3.1 Anaesthesia: infiltration, Local and Regional Block			
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4-Implant

4.1 Preventive

<input type="checkbox"/>	4.1.1 Smoking cessation counseling.			
<input type="checkbox"/>	4.1.2 Dental prophylaxis, scaling and polishing			
<input type="checkbox"/>	4.1.3 Dietary counseling.			
<input type="checkbox"/>	4.1.4 Oral hygiene instructions and dental education			

4.2 Surgery

<input type="checkbox"/>	4.2.1 Design the surgical guide			
<input type="checkbox"/>	4.2.2 Execution of all surgical preparatory procedures			
<input type="checkbox"/>	4.2.3 Implant placement in the esthetic zone.			
<input type="checkbox"/>	4.2.4 Implant placement in the posterior region.			
<input type="checkbox"/>	4.2.5 Full mouth surgical implant rehabilitation.			
<input type="checkbox"/>	4.2.6 Horizontal ridge augmentation.			
<input type="checkbox"/>	4.2.7 Vertical ridge augmentation.			
<input type="checkbox"/>	4.2.8 Ridge expansion.			
<input type="checkbox"/>	4.2.9 Internal maxillary sinus lifting.			
<input type="checkbox"/>	4.2.10 External maxillary sinus lifting.			
<input type="checkbox"/>	4.2.11 Intra-oral autogenous bone harvesting (chin/ramus).			
<input type="checkbox"/>	4.2.12 Treatment of failing implants.			
<input type="checkbox"/>	4.2.13 Extraction and socket preservation.			
<input type="checkbox"/>	4.2.14 Extraction and immediate implant placement.			
<input type="checkbox"/>	4.2.15 Non-surgical and surgical management of peri-implantitis.			
<input type="checkbox"/>	4.2.16 Identification and management of surgical complication including the removal of the failed implant			

4.3. Prosthetic

<input type="checkbox"/>	4.3.1 Perform occlusal adjustment			
<input type="checkbox"/>	4.3.2 Provide reconstruction /full mouth rehabilitation			
<input type="checkbox"/>	4.3.3 Manage soft/hard tissue defects of a patients with maxillofacial and craniofacial complex defects by means of orofacial prosthesis and obturators			
<input type="checkbox"/>	4.3. 4 Single crown for implant.			
<input type="checkbox"/>	4.3. 5 Implant retained crowns up to 3 units/patient.			
<input type="checkbox"/>	4.3. 6 Implant retained crown and FPD more than 3 units/patient.			
<input type="checkbox"/>	4.3. 7 Implant retained/supported dentures.			
<input type="checkbox"/>	4.3. 8 Full mouth prosthetic implant rehabilitation.			
<input type="checkbox"/>	4.3. 9 Implant retained/supported maxillofacial prosthesis.			
<input type="checkbox"/>	4.3.10 Management of implant prosthetic complications			
<input type="checkbox"/>	4.3.11 Repair of Implant-supported prosthesis			



وزارة الصحة
Ministry of Health

5-Sedation				
<input type="checkbox"/>	5.1 Oral sedation.			
<input type="checkbox"/>	5.2 Inhalation sedation			
<input type="checkbox"/>	5.3 Intravenous sedation.			
<input type="checkbox"/>	5.4 Intramuscular sedation.			
<input type="checkbox"/>	5.5 Intra nasal sedation.			
6. General Anesthesia				
<input type="checkbox"/>	6.1 Admit patient to OR			
<input type="checkbox"/>	6.2 Treatment of patient under general anesthesia			
<input type="checkbox"/>	6.3 On-call duties			
<input type="checkbox"/>	6.4 Patient discharge responsibilities			
7. Emergency				
<input type="checkbox"/>	7.1 Provide emergency treatment and palliative interventions to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Specialist			

Clinical Privileges- Special Needs Dentistry

Valid from: ___ / ___ / ____ Valid to: ___ / ___ / ____

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)	<input type="checkbox"/> Renewal of Privileges (Reappointment)	<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Locum <input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

- 1-Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- 2-This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- 3-The responsible department will be monitoring adherence to the approved privileges.
- 4-Any medical practitioner functioning outside his/her clinical privileges will be liable.
- 5-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- 6-Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- 7-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- 8-Privileges Validity with the SCFHS accreditation two years
- 9-Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Definitions	
Last Degree	Latest and highest achieved qualification in the dental field accredited by SCFHS
Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as a Medical Doctor or a Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Specialty-specific Privileges	Means a specific set of privileges given to the dental registrar/senior registrar/ consultant for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization (Master/ Board/Doctorate/PhD)

Instructions	
Applicant/central privileging committee	<p>Check off the "Requested" box for each privilege requested.</p> <p>Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description:</p> <ol style="list-style-type: none"> 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1- General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2- Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Prescribing controlled medications.			
<input type="checkbox"/>	2.3 Requesting special pathological study.			
<input type="checkbox"/>	2.4 Electro surgery.			
<input type="checkbox"/>	2.5 Cryosurgery and laser.			
<input type="checkbox"/>	2.6 Intraregional injection.			



وزارة الصحة

Ministry of Health

<input type="checkbox"/>	2.7 Pulp vitality test			
3- Preventive				
<input type="checkbox"/>	3.1 Dietary counseling.			
<input type="checkbox"/>	3.2 Dental prophylaxis, scaling and polishing			
<input type="checkbox"/>	3.3 Topical fluoride application.			
<input type="checkbox"/>	3.4 Pits and fissures sealants.			
<input type="checkbox"/>	3.5 Preventive resin restoration (PRR).			
<input type="checkbox"/>	3.6 Atraumatic restorative technique (ART).			
<input type="checkbox"/>	3.7 Oral hygiene instructions and dental education			
4- Special Care Dentistry				
<input type="checkbox"/>	4.1 Minimal sedation/anoxiolysis inhalation sedation with nitrous oxide/oxygen or anoxiolytic medication for P.S.N.			
<input type="checkbox"/>	4.2 Treating P.S.N. under general anesthesia.			
<input type="checkbox"/>	4.3 Operative treatment for P.S.N.			
<input type="checkbox"/>	4.4 Endodontic treatment for P.S.N.			
<input type="checkbox"/>	4.5 Removable prosthodontic treatment for P.S.N.			
<input type="checkbox"/>	4.6 Fixed prosthodontic treatment for P.S.N.			
<input type="checkbox"/>	4.7 Implant treatment for P.S.N.			
<input type="checkbox"/>	4.8 Surgical extraction of teeth for P.S.N..			
5- Sedation				
<input type="checkbox"/>	5.1 Oral sedation.			
<input type="checkbox"/>	5.2 Inhalation sedation			
<input type="checkbox"/>	5.3 Intravenous sedation.			
<input type="checkbox"/>	5.4 Intramuscular sedation.			
<input type="checkbox"/>	5.5 Intra nasal sedation.			
<input type="checkbox"/>	5.6 Combination of more than one sedation technique (from the above).			
6- General Anesthesia				
<input type="checkbox"/>	6.1 Admit patient to OR.			
<input type="checkbox"/>	6.2 On-call duties.			
<input type="checkbox"/>	6.3 Patient discharge responsibilities.			
7. Emergency				
<input type="checkbox"/>	7.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Prosthodontics

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)	<input type="checkbox"/> Renewal of Privileges (Reappointment)	<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

1-Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.

2-This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.

3-The responsible department will be monitoring adherence to the approved privileges.

4-Any medical practitioner functioning outside his/her clinical privileges will be liable.

5-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.

6-Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

7-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.

8-Privileges Validity with the SCFHS accreditation two years

9-Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.



Definitions	
Last Degree	Latest and highest achieved qualification in the dental field accredited by SCFHS
Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as a Medical Doctor or a Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Specialty-specific Privileges	Means a specific set of privileges given to the dental registrar/senior registrar/ consultant for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization (Master/ Board/Doctorate/PhD)

Instructions	
Applicant/ central privileging committee	Check off the “Requested” box for each privilege requested.
	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and compressive examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			



2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Evaluate geriatric patient requiring prosthodontic consideration their oral-dental needs and its impact on their nutrition and quality of life			
<input type="checkbox"/>	2.2 Diagnose TMJ dysfunctions and manage them by collaborating with other dental specialist from other specialties			
<input type="checkbox"/>	2.3 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.4 Requesting special pathological study.			
<input type="checkbox"/>	2.5 Electro surgery.			
<input type="checkbox"/>	2.6 Cryosurgery and laser.			
<input type="checkbox"/>	2.7 Intraregional injection.			
<input type="checkbox"/>	2.8 Diagnostic cast.			
3-Prosthodontics				
3.1. Fixed Prosthodontics				
<input type="checkbox"/>	3.1.1 provide reconstruction/full mouth rehabilitation			
<input type="checkbox"/>	3.1.2 Restoration of severely broken teeth with core build-up			
<input type="checkbox"/>	3.1.3 Porcelain veneer.			
<input type="checkbox"/>	3.1.4 Composite laminate veneer (direct and indirect).			
<input type="checkbox"/>	3.1.5 Full metal crowns			
<input type="checkbox"/>	3.1.6 Porcelain fused to metal (PFM) crown.			
<input type="checkbox"/>	3.1.7 All-porcelain crowns.			
<input type="checkbox"/>	3.1.8 All-metal Fixed Partial Denture (FPD).			
<input type="checkbox"/>	3.1.9 PFM FPD			
<input type="checkbox"/>	3.1.10 All-porcelain FPD.			
<input type="checkbox"/>	3.1.11 Porcelain repair.			
<input type="checkbox"/>	3.1.12 Full mouth prosthodontic rehabilitation.			
<input type="checkbox"/>	3.1.13 Management of failures of crowns and FPD.			
<input type="checkbox"/>	3.1.14 Cast restorations (inlay and onlay).			
<input type="checkbox"/>	3.1.15 Adhesive resin bonded fixed bridge.			
<input type="checkbox"/>	3.1.16 Prefabricated post & core (including fiber post)			
<input type="checkbox"/>	3.1.17 Cast post & core.			
3.2. Removable Prosthodontics				
<input type="checkbox"/>	3.2.1 Full acrylic removable partial denture (such as immediate RPD, transitional RPD and temporary RPD).			
<input type="checkbox"/>	3.2.2 Conventional removable partial denture (RPD).			
<input type="checkbox"/>	3.2.3 Conventional complete denture (CD).			
<input type="checkbox"/>	3.2.4 Immediate complete denture.			
<input type="checkbox"/>	3.2.5 Complete overdenture.			
<input type="checkbox"/>	3.2.6 Dentures retained by attachments.			
<input type="checkbox"/>	3.2.7 Maxillofacial extra-oral prosthesis.			
<input type="checkbox"/>	3.2.8 Simple obturator			
<input type="checkbox"/>	3.2.9 Complex obturator			
<input type="checkbox"/>	3.2.10 Interim prosthesis in preparation for complete mouth rehabilitation analysis and treatment			
<input type="checkbox"/>	3.2.11 Denture repair procedures including rebase/ reline procedures			



3.3. Occlusion Management				
<input type="checkbox"/>	3.3.1 Full mouth prosthodontic rehabilitation.			
<input type="checkbox"/>	3.3.2 Management of failures of crowns and FPD.			
<input type="checkbox"/>	3.3.3 Vertical dimension reconstruction.			
<input type="checkbox"/>	3.3.4 Occlusal adjustment and management.			
3.4. Implant (Prosthetic part)				
<input type="checkbox"/>	3.4.1 Single crown for implant.			
<input type="checkbox"/>	3.4.2 Implant retained crowns up to 3 units/patient.			
<input type="checkbox"/>	3.4.3 Implant retained crown and FPD more than 3 units/patient.			
<input type="checkbox"/>	3.4.4 Implant retained/supported dentures.			
<input type="checkbox"/>	3.4.5 Full mouth prosthetic implant rehabilitation.			
<input type="checkbox"/>	3.4.6 Implant retained/supported maxillofacial prosthesis.			
<input type="checkbox"/>	3.4.7 Repair of Implant-supported prosthesis			
<input type="checkbox"/>	3.4.8 Management of implant prosthetic complications			
4- Restorative				
<input type="checkbox"/>	4.1 Operative direct restorations – simple.			
<input type="checkbox"/>	4.2 Operative direct restorations – complex.			
<input type="checkbox"/>	4.3 Indirect partial restorations; inlays & onlays.			
<input type="checkbox"/>	4.4 Single crowns.			
<input type="checkbox"/>	4.5 Post and core.			
<input type="checkbox"/>	4.6 Repair failed restorations.			
<input type="checkbox"/>	4.7 Office bleaching.			
<input type="checkbox"/>	4.8 Home bleaching.			
<input type="checkbox"/>	4.9 Non-vital bleaching.			
5- Temporomandibular Joint Management				
<input type="checkbox"/>	5.1 Treatment with removable occlusal appliances (occlusal splint/night guard).			
<input type="checkbox"/>	5.2 Botulinum toxin (Botox) injection for treatment of Temporomandibular Joint Diseases (TMD)..			
6. Emergency				
<input type="checkbox"/>	6.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			



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Ministry of Health

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Periodontics

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)	<input type="checkbox"/> Renewal of Privileges (Reappointment)	<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

- Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
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- The responsible department will be monitoring adherence to the approved privileges.
- Any medical practitioner functioning outside his/her clinical privileges will be liable.
- Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Definitions	
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Instructions	
Applicant/ central privileging committee	<p>Check off the "Requested" box for each privilege requested.</p> <p>Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description:</p> <ol style="list-style-type: none"> 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General examination, diagnosis and initial treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapicals, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometrics)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Requesting special pathological study.			



<input type="checkbox"/>	2.3 Electro surgery.			
<input type="checkbox"/>	2.4 Cryosurgery and laser.			
<input type="checkbox"/>	2.5 Intra-regional injection.			
3- Periodontics				
3.1. Preventive				
<input type="checkbox"/>	3.1.1 Smoking cessation counseling.			
<input type="checkbox"/>	3.1.2 Dental prophylaxis, scaling, and polishing			
<input type="checkbox"/>	3.1.3 Oral hygiene instructions and dental education			
3.2. Non-Surgical				
<input type="checkbox"/>	3.2.1 Sub-gingival scaling and root planning.			
<input type="checkbox"/>	3.2.2 Local medications applications.			
<input type="checkbox"/>	3.2.3 Periodontal splinting.			
<input type="checkbox"/>	3.2.4 pre-surgical stents			
3.3. Surgical				
<input type="checkbox"/>	3.3.1 Open debridement			
<input type="checkbox"/>	3.3.2 Regenerative periodontal surgeries			
<input type="checkbox"/>	3.3.3 Mucogingival surgeries.			
<input type="checkbox"/>	3.3.4 Gingivectomy and gingivoplasty surgery			
<input type="checkbox"/>	3.3.5 Frenectomies surgery			
<input type="checkbox"/>	3.3.6 Distal or proximal wedge flap surgery procedure			
<input type="checkbox"/>	3.3.7 Intra-oral abscess incision and drainage			
<input type="checkbox"/>	3.3.8 Intra-oral biopsy			
<input type="checkbox"/>	3.3.9 Removal of bony exostosis and tori			
<input type="checkbox"/>	3.3.10 Ridge preservation with bone graft and membrane surgery			
<input type="checkbox"/>	3.3.11 Ridge augmentation with bone graft and membrane surgery			
<input type="checkbox"/>	3.3.12 Alveoplasty and Alveoectomy (Pre-prosthetic) surgery			
<input type="checkbox"/>	3.3.13 External or internal sinus elevation			
<input type="checkbox"/>	3.3.14 Impacted tooth surgical exposure for orthodontic purposes			
<input type="checkbox"/>	3.3.15 Crown lengthening surgery			
<input type="checkbox"/>	3.3.16 Periodontal Piezo-surgery procedures			
<input type="checkbox"/>	3.3.17 Surgical repair lacerations of the tongue (Simple)			
<input type="checkbox"/>	3.3.18 Support apical surgery with endodontists			
<input type="checkbox"/>	3.3.19 Decortication of alveolar ridge for accelerated orthodontics			
<input type="checkbox"/>	3.3.20 Placement of orthodontic mini screws			
<input type="checkbox"/>	3.3.21 Ridge expansion.			
<input type="checkbox"/>	3.3.22 Intra-oral autogenous bone harvesting (chin/ramus).			
<input type="checkbox"/>	3.3.23 Extraction socket preservation			
3.4. Implant (surgical part)				
<input type="checkbox"/>	3.4.1 Design the surgical guide			
<input type="checkbox"/>	3.4.2 Execution of all surgical preparatory procedures			
<input type="checkbox"/>	3.4.3 Implant placement in the esthetic zone.			



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Ministry of Health

<input type="checkbox"/>	3.4.4 Implant placement in the posterior region			
<input type="checkbox"/>	3.4.5 Management of peri-implant infections			
<input type="checkbox"/>	3.4.6 Treatment of failing implants			
<input type="checkbox"/>	3.4.7 Full mouth surgical implant rehabilitation.			
<input type="checkbox"/>	3.4.8 Horizontal ridge augmentation.			
<input type="checkbox"/>	3.4.9 Vertical ridge augmentation.			
<input type="checkbox"/>	3.4.10 Internal maxillary sinus lifting.			
<input type="checkbox"/>	3.4.11 External maxillary sinus lifting.			
<input type="checkbox"/>	3.4.12 Extraction and immediate implant placement.			

3.5. Laser				
<input type="checkbox"/>	3.5.1 Laser frenectomy			
<input type="checkbox"/>	3.5.2 Laser gingivoplasty and gingivectomy			
<input type="checkbox"/>	3.5.3 Laser depigmentation of mucosa			
<input type="checkbox"/>	3.5.4 Laser operculectomy and tissue excision			
<input type="checkbox"/>	3.5.5 Laser hard tissue surgery			
4. Emergency				
<input type="checkbox"/>	4.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges – Oral and Maxillofacial Surgery

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Locum	<input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

- Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
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- The responsible department will be monitoring adherence to the approved privileges.
- Any medical practitioner functioning outside his/her clinical privileges will be liable.
- Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.
- Qualifications: Successful completion of a residency-training program in oral and maxillofacial surgery not less than (4) years SCHS accredited program.

Experience: Recent graduate within (2) years must be able to demonstrate successfully performed major oral and maxillofacial surgeries, on a minimum of (75) patients - no more than (5) of whom required dentoalveolar surgery during the OMS residency. Those who has completed OMFS training more than (2) years before application for initial privileges must be able to document successful performance of at least (2) cases in the past (12) months in each of the major surgery categories for which privileges are requested. References: A letter of reference must come from the director of the applicants' OMFS training program. Alternatively, letters of reference regarding competence shall come from the chief of OMFS or the credentialed supervising OMFS at the institution where the applicant most recently practiced
- Documentation of successful completion of an approved and recognized course in moderate sedation that includes training in:
 - The safe administration of sedative and analgesic drugs used to establish a level of moderate sedation
 - Used of several agents for opioids and benzodiazepines
 - Monitoring of patients' physiologic parameters during sedation
 - Recognition of abnormalities in monitored variables that require intervention by the non-anesthesiologist sedation practitioner or anesthesiologist

Or Documentation of completion of competency in performing moderate sedation from directors of residency or fellowship training programs which include moderate sedation as part of the curriculum

Definitions	
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Instructions	
Applicant	Check off the "Requested" box for each privilege requested.
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not-Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled and controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Management of traumatized teeth.			

<input type="checkbox"/>	2.3 Prescribing controlled medications.			
<input type="checkbox"/>	2.4 Requesting special pathological study.			
<input type="checkbox"/>	2.5 Electro surgery.			
<input type="checkbox"/>	2.6 Cryosurgery and laser.			
<input type="checkbox"/>	2.7 Intraregional injection.			
<input type="checkbox"/>	2.8 Admit and discharge patients.			
<input type="checkbox"/>	2.9 On call duties.			
3-ORAL & MAXILLOFACIAL SURGERY (OMFS)				
<input type="checkbox"/>	Examination, diagnosis, and treatment plan for oral and maxillofacial surgery patients.			
3.1 Anesthetic Procedures				
<input type="checkbox"/>	3.1.1 Local anesthesia.			
<input type="checkbox"/>	3.1.2 Regional block.			
<input type="checkbox"/>	3.1.3 Inhalation sedation.			
<input type="checkbox"/>	3.1.4 I.V. sedation.			
<input type="checkbox"/>	3.1.5 General anesthesia.			
3.2. Surgical Procedures				
<input type="checkbox"/>	3.2.1 Single & multiple uncomplicated extractions.			
<input type="checkbox"/>	3.2.2 Surgical removal and exposure of impacted or unerupted teeth.			
<input type="checkbox"/>	3.2.3 Debridement and repair of intraoral/extraoral lacerations.			
<input type="checkbox"/>	3.2.4 Intraoral and extraoral biopsy.			
<input type="checkbox"/>	3.2.5 Free gingival graft.			
<input type="checkbox"/>	3.2.6 Frenectomy.			
<input type="checkbox"/>	3.2.7 Enucleation/marsupialization of cysts.			
<input type="checkbox"/>	3.2.8 Surgical removal of benign tumors.			
<input type="checkbox"/>	3.2.9 Surgical removal of malignant tumors.			
<input type="checkbox"/>	3.2.10 Resections mandible/midface.			
<input type="checkbox"/>	3.2.11 Salivary gland surgery (minor/major).			
<input type="checkbox"/>	3.2.12 Vestibuloplasty / pre-prosthetic surgery.			
<input type="checkbox"/>	3.2.13 Insertion of anchorage, retention appliance and/or alloplastic materials.			
<input type="checkbox"/>	3.2.14 Tongue surgery, glossectomy.			
<input type="checkbox"/>	3.2.15 Neck dissections.			
<input type="checkbox"/>	3.2.16 Tissue expansion.			
<input type="checkbox"/>	3.2.17 Free tissue flaps (harvesting and transfer).			
<input type="checkbox"/>	3.2.18 Harvesting of local/regional head and neck flaps.			
<input type="checkbox"/>	3.2.19 Insertion of zygoma implants for dental rehabilitation.			
<input type="checkbox"/>	3.2.20 Cricothyroidotomy procedure.			
<input type="checkbox"/>	3.2.21 Dental implant insertion.			

3.3. Maxillary Sinus.				
<input type="checkbox"/>	3.3.1 Oro-antral communications/fistula closure.			
<input type="checkbox"/>	3.3.2 Oro-nasal closure.			
<input type="checkbox"/>	3.3.3 Sinus lift.			
3.4. Oral And Maxillofacial Infections And /Or Inflammations				
<input type="checkbox"/>	3.4.1 Incision and drainage extraoral/intraoral with drain insertion.			
<input type="checkbox"/>	3.4.2 Sequestrectomy.			
<input type="checkbox"/>	3.4.3 Saucerization.			
<input type="checkbox"/>	3.4.4 Resection.			
3.5. Craniofacial Deformities of the Jaws				
<input type="checkbox"/>	3.5.1 Orthognathic surgeries.			
<input type="checkbox"/>	3.5.2 Maxillary alveolar cleft grafts.			
<input type="checkbox"/>	3.5.3 Repairs of cleft lip/palate (congenital, pathological, traumatic).			
<input type="checkbox"/>	3.5.4 Reduction and/or augmentation genioplasties.			
<input type="checkbox"/>	3.5.5 Zygoma and chin implants.			
<input type="checkbox"/>	3.5.6 Distraction osteogenesis.			
<input type="checkbox"/>	3.5.7 Harvesting autogenous bone graft from intraoral/extraoral sites (AIBG, PIBG, rib, calvarias, and tibia).			
3.6. Management of Dental / Dentoalveolar Trauma				
<input type="checkbox"/>	3.6.1 Repair dento-alveolar bone fracture.			
<input type="checkbox"/>	3.6.2 Repair mandibular fractures (closed/open reduction & fixation).			
<input type="checkbox"/>	3.6.3 Repair maxillary fractures (closed/open reduction & fixation).			
<input type="checkbox"/>	3.6.4 Repair midface fractures (including nasal, zygoma), closed and open reduction / fixation.			
<input type="checkbox"/>	3.6.5 Orbital walls and floor reconstruction.			
<input type="checkbox"/>	3.6.6 Removal of foreign bodies.			
<input type="checkbox"/>	3.6.7 Repair of fractures involving the frontal sinus.			
3.7. Special Emergency Procedures				
<input type="checkbox"/>	3.7.1 Tracheotomy.			
<input type="checkbox"/>	3.7.2 Ligation of vessels.			
4. Implant (Surgical part)				
<input type="checkbox"/>	4.1 Design the surgical guide			
<input type="checkbox"/>	4.2 Execution of all surgical preparatory procedures			
<input type="checkbox"/>	4.3 Implant placement in the esthetic zone.			
<input type="checkbox"/>	4.4 Implant placement in the posterior region.			
<input type="checkbox"/>	4.5 Full mouth surgical implant rehabilitation.			
<input type="checkbox"/>	4.6 Horizontal ridge augmentation.			
<input type="checkbox"/>	4.7 Vertical ridge augmentation.			
<input type="checkbox"/>	4.8 Ridge expansion.			
<input type="checkbox"/>	4.9 Internal maxillary sinus lifting.			
<input type="checkbox"/>	4.10 External maxillary sinus lifting.			
<input type="checkbox"/>	4.11 Intra-oral autogenous bone harvesting (chin/ramus).			
<input type="checkbox"/>	4.12 Treatment of failing implants.			



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Ministry of Health

<input type="checkbox"/>	4.13 Extraction and socket preservation.			
<input type="checkbox"/>	4.14 Extraction and immediate implant placement.			
<input type="checkbox"/>	4.15 Surgical management of peri-implantitis.			
<input type="checkbox"/>	4.16 Identification and management of surgical complication including the removal of the failed implant			
5. Emergency				
<input type="checkbox"/>	5.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privilege – Pediatric Dentistry

Valid from: ___ / ___ / ____ Valid to: ___ / ___ / ____

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

- Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
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- The responsible department will be monitoring adherence to the approved privileges.
- Any medical practitioner functioning outside his/her clinical privileges will be liable.
- Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.
- Documentation of successful completion of an approved and recognized course in moderate sedation that includes training in:
 - The safe administration of sedative and analgesic drugs used to establish a level of moderate sedation
 - Used of several agents for opioids and benzodiazepines
 - Monitoring of patients 'physiologic parameters during sedation
 - Recognition of abnormalities in monitored variables that require intervention by the non-anesthesiologist sedation practitioner or anesthesiologist
 Or Documentation of completion of competency in performing moderate sedation from directors of residency or fellowship training programs which include moderate sedation as part of the curriculum

Definitions	
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Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Specialty-specific Privileges	Means a specific set of privileges given to the dental registrar/senior registrar/ consultant for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization (Master/ Board/Doctorate/PhD)

Instructions	
Applicant/ central privileging committee	Check off the “Requested” box for each privilege requested.
	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive examination, diagnosis, and individualized treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Evaluation and formulate treatment plan for children born with oro-facial defects/abnormalities i.e. cleft lip and plate			
<input type="checkbox"/>	2.2 Diagnose oral manifestation and related complication of the medically compromised child patients			
<input type="checkbox"/>	2.3 Requesting cone beam computerized tomography images (CBCT).			



<input type="checkbox"/>	2.4 Requesting special pathological study.			
<input type="checkbox"/>	2.5 Electro surgery.			
<input type="checkbox"/>	2.6 Cryosurgery and laser.			
<input type="checkbox"/>	2.7 Intraregional injection.			
<input type="checkbox"/>	2.8 Pulp vitality test			
3-Anesthesia				
<input type="checkbox"/>	3.1. Anesthesia: Infiltration, Local and Regional Block			
4-Pediatric Dentistry				
4.1. Preventive Care				
<input type="checkbox"/>	4.1.1 Topical fluoride application			
	4.1.2 Application of Desensitizing Medications			
<input type="checkbox"/>	4.1.3 Nutrition and dietary counseling and modification.			
<input type="checkbox"/>	4.1.4 Manage the behaviors of infants, anxious children and adolescents, children with cognitive development delays			
<input type="checkbox"/>	4.1.5 Oral hygiene instructions			
<input type="checkbox"/>	4.1.6 Dental Prophylaxis.			
<input type="checkbox"/>	4.1.7 Pits and fissure sealants.			
<input type="checkbox"/>	4.1.8 Provide a risk-based prevention plan that takes into consideration the changing dynamics in risk factors			
4.2. Periodontal Care				
<input type="checkbox"/>	4.2.1 Initial periodontal examination.			
<input type="checkbox"/>	4.2.2 Removal of supra gingival calculus.			
<input type="checkbox"/>	4.2.3 Deep scaling and root planning.			
<input type="checkbox"/>	4.2.4 Periodontal maintenance procedures			
4.3. Restorative Care				
<input type="checkbox"/>	4.3.1 Preventive resin restoration (PRR)			
<input type="checkbox"/>	4.3.2 Simple restorations and complex restorations			
<input type="checkbox"/>	4.3.3 Tooth build-up.			
<input type="checkbox"/>	4.3.4 Reshaping and reconstruction of teeth.			
4.4. Surgical Care				
<input type="checkbox"/>	4.4.1 Uncomplicated extractions.			
<input type="checkbox"/>	4.4.2 Incision and drainage of minor abscess (intra-oral).			
<input type="checkbox"/>	4.4.3 Management of fractured or traumatized teeth			
<input type="checkbox"/>	4.4.4 Management of minor intra-oral lacerations			
<input type="checkbox"/>	4.4.5 Gingivectomy			
<input type="checkbox"/>	4.4.6 Frenectomy			
4.5. Endodontic Care				
<input type="checkbox"/>	4.5.1 Pulp capping.			
<input type="checkbox"/>	4.5.2 Pulpotomy.			



<input type="checkbox"/>	4.5.3 Pulpectomy			
<input type="checkbox"/>	4.5.4 Vital pulp therapy			
4.6. Orthodontic Care				
<input type="checkbox"/>	4.6.1 Minor tooth movement using fixed or removable appliances.			
<input type="checkbox"/>	4.6.2 Insertion of habit breaking and space maintainer devices.			

4.7 Prosthetic Care				
<input type="checkbox"/>	4.7.1 Provisional crowns of temporary and permanent teeth utilizing different techniques (pre-fabricated, chairside and lab fabricated)			
<input type="checkbox"/>	4.7.2 Occlusion management for primary, mixed, and permanent dentition			
<input type="checkbox"/>	4.7.3 Stainless steel crowns			
<input type="checkbox"/>	4.7.4 Resin veneer crowns			
<input type="checkbox"/>	4.7.5 Zirconia ceramic crowns			
<input type="checkbox"/>	4.7.6 Polycarbonates crowns			
<input type="checkbox"/>	4.7.7 Removable partial dentures (acrylic)			
<input type="checkbox"/>	4.7.8 Fixed partial dentures			
5-Sedation				
<input type="checkbox"/>	5.1 Oral sedation.			
<input type="checkbox"/>	5.2 Inhalation sedation			
<input type="checkbox"/>	5.3 Intravenous sedation.			
<input type="checkbox"/>	5.4 Intramuscular sedation.			
<input type="checkbox"/>	5.5 Intra nasal sedation.			
<input type="checkbox"/>	5.6 Combination of more than one sedation technique (from the above).			
6-General Anesthesia				
<input type="checkbox"/>	6.1 Admit patient to OR.			
<input type="checkbox"/>	6.2 Treatment of patient under general anesthesia.			
<input type="checkbox"/>	6.3 On-call duties.			
<input type="checkbox"/>	6.4 Patient discharge responsibilities.			
7. Emergency				
<input type="checkbox"/>	7.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Operative Dentistry/SBRD

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)	<input type="checkbox"/> Renewal of Privileges (Reappointment)	<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

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- Privileges Validity with the SCFHS accreditation two years
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Definitions	
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Instructions	
Applicant/ Central privileging committee	Check off the “Requested” box for each privilege requested.
	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not-Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Requesting special pathological study.			
<input type="checkbox"/>	2.3 Electro surgery.			
<input type="checkbox"/>	2.4 Cryosurgery and laser.			
<input type="checkbox"/>	2.5 Intraregional injection.			
<input type="checkbox"/>	2.6 Pulp vitality test			
<input type="checkbox"/>	2.7 Diagnose TMJ dysfunction			
<input type="checkbox"/>	2.8 Utilize adjunctive medical laboratory studies to diagnose oral pathologies and plan the surgical procedures			
3-Operative Dentistry				
3.1. Preventive				
<input type="checkbox"/>	3.1.1 Dietary counseling.			
<input type="checkbox"/>	3.1.2 Topical fluoride application.			
<input type="checkbox"/>	3.1.3 Pits and fissures sealants.			
<input type="checkbox"/>	3.1.4 Preventive resin restoration (PRR).			
<input type="checkbox"/>	3.1.5 Atraumatic restorative technique (ART).			
<input type="checkbox"/>	3.1.6 Oral hygiene instructions.			
3.2. Restorative				
<input type="checkbox"/>	3.2.1 Operative direct restorations – simple.			
<input type="checkbox"/>	3.2.2 Operative direct restorations – complex.			
<input type="checkbox"/>	3.2.3 Direct veneers.			
<input type="checkbox"/>	3.2.4 Repair restoration failures.			
<input type="checkbox"/>	3.2.5 Office bleaching.			
<input type="checkbox"/>	3.2.6 Home bleaching.			

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not-Granted	Comments
<input type="checkbox"/>	3.2.7 Non-vital bleaching.			
3.3. Implant (prosthetic part)				
<input type="checkbox"/>	3.3.1 Single crown for implant.			
<input type="checkbox"/>	3.3.2 Implant retained crowns up to 3 units/patient.			
<input type="checkbox"/>	3.3.3 Implant retained crown and FPD more than 3 units/patient.			
<input type="checkbox"/>	3.3.4 Implant retained/supported dentures.			
<input type="checkbox"/>	3.3.5 Full mouth prosthetic implant rehabilitation.			
<input type="checkbox"/>	3.3.6 Implant retained/supported maxillofacial prosthesis.			
<input type="checkbox"/>	3.3.7 Repair of Implant-supported prosthesis			
<input type="checkbox"/>	3.3.8 Management of implant prosthetic complications			
<input type="checkbox"/>	3.3.9 Design the surgical guide			
3.4 Prosthetic				
<input type="checkbox"/>	3.4.1 Indirect partial restorations; inlays & onlays.			
<input type="checkbox"/>	3.4.2 Single crowns.			
<input type="checkbox"/>	3.4.3 Post and core.			
<input type="checkbox"/>	3.4.4 Repair failed prostheses			
<input type="checkbox"/>	3.4.5 Full metal crown (PFM) up to 6 units.			
<input type="checkbox"/>	3.4.6 Porcelain fused to metal crowns up to 6 units			
<input type="checkbox"/>	3.4.7 All-porcelain crowns up to 6 units			
<input type="checkbox"/>	3.4.8 Post and core.			
<input type="checkbox"/>	3.4.9 Indirect veneers			
<input type="checkbox"/>	3.4.10 Identification and management of surgical complication including the removal of the failed implant			
4. Emergency				
<input type="checkbox"/>	4.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			



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Ministry of Health

Requested by Signature..... Date.....

Approval

	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Orthodontics

Valid from: ___ / ___ / ____ Valid to: ___ / ___ / ____

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

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- Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Definitions	
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Instructions	
Applicant/ central privileging committee	Check off the "Requested" box for each privilege requested.
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Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General, comprehensive, and specific examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Diagnose cases with malocclusion and or dentofacial growth abnormalities of all age group and different medical and behavioral disabilities			



<input type="checkbox"/>	2.3 Requesting special pathological study.			
<input type="checkbox"/>	2.4 Electro surgery.			
<input type="checkbox"/>	2.5 Cryosurgery and laser.			
<input type="checkbox"/>	2.6 Intraregional injection.			
3-Orthodontics				
3.1. Preventive				
<input type="checkbox"/>	3.1.1 Smoking cessation counseling.			
<input type="checkbox"/>	3.1.2 Dental prophylaxis, scaling and polishing			
<input type="checkbox"/>	3.1.3 Dietary counseling.			
<input type="checkbox"/>	3.1.4 Oral hygiene instructions and dental education			
3.2. Limited Orthodontic Treatment				
<input type="checkbox"/>	3.2.1 Minor tooth movement using fixed or removable appliances.			
<input type="checkbox"/>	3.2.2 Management of adjunctive orthodontics therapy including up-righting appliances.			
<input type="checkbox"/>	3.2.3 Management of skeletal discrepancies through extra-oral and intra-oral preventive/interceptive orthodontic appliances			
<input type="checkbox"/>	3.2.4 Management of craniofacial anomalies using obturators and cleft palate (CLP) appliances including Latham Appliance for CLP patients and combined soft hard naso-buccal obturators.			
<input type="checkbox"/>	3.2.5 Insertion of habit breaking and space maintainer devices.			
3.3. Comprehensive Orthodontic Treatment				
<input type="checkbox"/>	3.3.1 Management of non-surgical non-extraction cases using fixed appliances			
<input type="checkbox"/>	3.3.2 Management of non-surgical extraction cases using fixed appliances			
<input type="checkbox"/>	3.3.3 Management of non-surgical non-extraction cases using removable appliances including clear aligners			
<input type="checkbox"/>	3.3.4 Management of non-surgical extraction cases using removable appliances including clear aligners			
<input type="checkbox"/>	3.3.5 Management of surgical non-extraction cases using fixed appliances			
<input type="checkbox"/>	3.3.6 Work as an effective member in multidisciplinary team to manage patients with cleft and palate, patients with oncology, patient with history of dentoalveolar trauma and TMJ disorders			
<input type="checkbox"/>	3.3.7 Management of surgical extraction cases using fixed appliances			
<input type="checkbox"/>	3.3.8 Management of surgical non-extraction cases using removable appliances			
<input type="checkbox"/>	3.3.9 Management of surgical extraction cases using removable appliances			
<input type="checkbox"/>	3.3.10 Prescription and utilization of fixed retainers			
<input type="checkbox"/>	3.3.11 Prescription and utilization of removable retainers			

3.4. Surgical

<input type="checkbox"/>	3.4.1 Placement of mini-screws (TADs)			
<input type="checkbox"/>	3.4.2 Mini-plate prescription and therapeutic utilization			
<input type="checkbox"/>	3.4.3 Gingivectomy			
<input type="checkbox"/>	3.4.4 Frenectomy			

3.5. Laser

<input type="checkbox"/>	3.5.1 Laser frenectomy			
<input type="checkbox"/>	3.5.2 Laser gingivoplasty and gingivectomy			

3.6. Occlusion Management

<input type="checkbox"/>	3.6 Occlusal adjustment and management			
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4-Temporomandibular Joint Management

<input type="checkbox"/>	4.1.1 Treatment with removable occlusal appliances (occlusal splint/night guard)			
<input type="checkbox"/>	4.1.2 Botulinum toxin (Botox) injection for treatment of Temporomandibular Joint Diseases (TMD).			

5. Emergency

<input type="checkbox"/>	5.1 Management of post-operative orthodontic complications			
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Requested by Signature..... Date.....

Approval

	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Oral and Maxillofacial Radiology

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Locum	<input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

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Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Specialty-specific Privileges	Means a specific set of privileges given to the dental registrar/senior registrar/ consultant for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization (Master/ Board/Doctorate/PhD)

Instructions	
Applicant/central privileging committee	Check off the "Requested" box for each privilege requested.
	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not- Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive clinical examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1. Requesting cone beam computerized tomography images (MRI and CBCT).			
<input type="checkbox"/>	2.2 Requesting special pathological study.			
<input type="checkbox"/>	2.3 Electro surgery.			
<input type="checkbox"/>	2.4 Cryosurgery and laser.			
<input type="checkbox"/>	2.5 Intraregional injection.			
<input type="checkbox"/>	2.6 Pulp vitality test			

<input type="checkbox"/>	2.7 Provide a differential or definitive interpretation of the abnormality			
<input type="checkbox"/>	2.8 Discuss the disease mechanism, risk factors and potential causes of different cases			
3-Anesthesia				
<input type="checkbox"/>	3.1. Anesthesia: Infiltration, Local, and Regional Block			
4-Oral and Maxillofacial Radiology				
4.1. Preventive				
<input type="checkbox"/>	4.1.1 Dietary counseling.			
<input type="checkbox"/>	4.1.2 Dental prophylaxis, scaling and polishing			
<input type="checkbox"/>	4.1.3 Topical fluoride application.			
<input type="checkbox"/>	4.1.4 Smoking cessation counseling.			
4.2 Radiographic Services				
<input type="checkbox"/>	4.2.1 Perform, interpret and report intra-oral and extra-oral radiographs (periapical, bitewings and occlusal, panoramic radiograph).			
<input type="checkbox"/>	4.2.2 Perform, interpret and report skull view radiographs.			
<input type="checkbox"/>	4.2.3 Perform, interpret and report cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	4.2.4 Perform, interpret and report sialogram radiograph examination.			
5 Emergency				
<input type="checkbox"/>	5.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Oral and Maxillofacial Pathology

Valid from: ___ / ___ / ____ Valid to: ___ / ___ / ____

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)	<input type="checkbox"/> Renewal of Privileges (Reappointment)	<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

- Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- The responsible department will be monitoring adherence to the approved privileges.
- Any medical practitioner functioning outside his/her clinical privileges will be liable.
- Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

M Definitions	
Last Degree	Latest and highest achieved qualification in the dental field accredited by SCFHS
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Instructions	
Applicant/ Central privileging committee	Check off the "Requested" box for each privilege requested.
	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not-Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing uncontrolled and controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Requesting special pathological study.			
<input type="checkbox"/>	2.3 Electro surgery.			
<input type="checkbox"/>	2.4 Cryosurgery and laser.			
<input type="checkbox"/>	2.5 Intraregional injection.			
<input type="checkbox"/>	2.6 Pulp vitality test			
3-Anesthesia				
<input type="checkbox"/>	3.1. Anesthesia: Infiltration, Local and Regional Block			

4-Oral and Maxillofacial Pathology				
4.1 Preventive				
<input type="checkbox"/>	4.1.1	Dietary counseling.		
<input type="checkbox"/>	4.1.2	Dental prophylaxis, scaling and polishing		
<input type="checkbox"/>	4.1.3	Topical fluoride application.		
<input type="checkbox"/>	4.1.4	Smoking cessation counseling.		
4.2 Laboratory Services				
<input type="checkbox"/>	4.2.1	Requesting, interpret and report microscopic tissue examination.		
<input type="checkbox"/>	4.2.2	Requesting, interpret and report frozen section.		
<input type="checkbox"/>	4.2.3	Requesting, interpret and report oral cytologic smears.		
<input type="checkbox"/>	4.2.4	Requesting, evaluate and report histochemical test.		
<input type="checkbox"/>	4.2.5	Requesting, evaluate and report immunohistochemical studies.		
<input type="checkbox"/>	4.2.6	Requesting, evaluate and report in-situ and molecular stains/studies.		
<input type="checkbox"/>	4.2.7	Requesting, evaluate and report electron microscopic examinations.		
<input type="checkbox"/>	4.2.8	Requesting, evaluate and report immunofluorescence studies.		
<input type="checkbox"/>	4.2.9	Interpret and report special pathological study.		
<input type="checkbox"/>	4.2.10	Sign out reports.		

5. Emergency				
<input type="checkbox"/>	5.1	Provide emergency treatment and palliative interventions to dental pain and oral tissue irritation.		
<input type="checkbox"/>	5.2	Prescribe high-alert medications.		
<input type="checkbox"/>	5.3	Work closely with other medical professionals to determine the best course of treatment.		

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privileges- Oral Medicine and Diagnosis

Valid from: / / Valid to: / /

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Locum	<input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

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 - Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Definitions	
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Instructions	
Applicant	Check off the "Requested" box for each privilege requested. (First Column)
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last column of this form. If recommended with conditions or not recommended, Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not -Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 Examination, diagnosis, and treatment plan			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing uncontrolled and controlled medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Requesting special pathological study.			
<input type="checkbox"/>	2.3 Electro surgery.			
<input type="checkbox"/>	2.4 Cryosurgery and laser.			
<input type="checkbox"/>	2.5 Intraregional injection.			
<input type="checkbox"/>	2.6 Pulp vitality test			
<input type="checkbox"/>	2.7 Provide oral screening to diagnose oral cancer and peri-malignant disease, dental and non-dental chronic orofacial pain and TMJ dysfunction			
<input type="checkbox"/>	2.8 Diagnosis of oral mucosal and salivary gland disease			
<input type="checkbox"/>	2.9 Diagnosis of chemosensory and neurologic impairment of oral and maxillofacial complex			
<input type="checkbox"/>	2.10 Diagnosis of sleep-disorders			
3-Anesthesia				
<input type="checkbox"/>	3.1. Anesthesia : Infiltration, Local and Regional Block			
4-Oral Medicine and Diagnosis				
4.1 Preventive				
<input type="checkbox"/>	4.1.1 Dietary counseling.			
<input type="checkbox"/>	4.1.2 Dental prophylaxis, scaling and polishing			
<input type="checkbox"/>	4.1.3 Topical fluoride application.			
<input type="checkbox"/>	4.1.4 Smoking cessation counseling.			
4.2 Management of oral Lesions				
<input type="checkbox"/>	4.2.1 Diagnosis & management of patients with oral soft tissue lesion.			
<input type="checkbox"/>	4.2.2 Diagnosis & management of oral manifestations of systemic diseases.			
<input type="checkbox"/>	4.2.3 Treatment of oral mucosal lesions.			
4.3 Orofacial Pain				
<input type="checkbox"/>	4.3.1 Patient assessment & nonsurgical management of orofacial pain.			
<input type="checkbox"/>	4.3.2 Administration of local anesthesia for diagnostic purposes.			
<input type="checkbox"/>	4.3.3 Diagnosis & non-surgical management of muscular orofacial pain using myofascial trigger point injection.			
<input type="checkbox"/>	4.3.4 Diagnosis & non-surgical management of muscular orofacial pain using botulinum toxin (Botox) injection.			

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not-Granted	Comments
<input type="checkbox"/>	4.3.5 Diagnosis & non-surgical management of neuropathic orofacial pain.			
<input type="checkbox"/>	4.3.6 Diagnosis & non-surgical management of neurovascular/vascular orofacial pain.			
5. Temporomandibular Joint Disease				
<input type="checkbox"/>	5.1 Treatment with removable occlusal appliances (occlusal splint/night guard).			
<input type="checkbox"/>	5.2 Injection/Arthrocentesis.			
<input type="checkbox"/>	5.3 Meniscectomy/disc repair			
<input type="checkbox"/>	5.4 Spondylectomy & arthroplasty.			
<input type="checkbox"/>	5.5 Condylar replacement (bone grafts or alloplastic devices).			
<input type="checkbox"/>	5.6 Eminectomy/ coronoidectomy.			
<input type="checkbox"/>	5.7 Arthroscopy.			
<input type="checkbox"/>	5.8 Botulinum toxin (Botox) injection for treatment of TMD.			
6. Emergency				
<input type="checkbox"/>	6.1 Provide emergency treatment and palliative interventions to dental pain, and oral tissue irritations			

Requested bySignature.....Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Specialist			

Clinical Privileges- Endodontics

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

- 1-Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- 2-This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- 3-The responsible department will be monitoring adherence to the approved privileges.
- 4-Any Dental practitioner functioning outside his/her clinical privileges will be liable.
- 5-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- 6-Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- 7-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- 8-Privileges Validity with the SCFHS accreditation two years
- 9-Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Definitions	
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Instructions	
Applicant	Check off the "Requested" box for each privilege requested. (First Column)
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last column of this form. If recommended with conditions or not recommended, Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)



Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not-Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and specific endodontic examination, diagnosis (diagnosis of dental orofacial pain), and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing medications.			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
2-Special Assessment Procedures				
<input type="checkbox"/>	2.1 Requesting cone beam computerized tomography images (CBCT).			
<input type="checkbox"/>	2.2 Requesting special pathological study.			
<input type="checkbox"/>	2.3 Electro surgery.			
<input type="checkbox"/>	2.4 Cryosurgery and laser.			
<input type="checkbox"/>	2.5 Intraregional injection.			
<input type="checkbox"/>	2.6 Pulp vitality test			
3- Preventive				
<input type="checkbox"/>	3.1 Smoking cessation counseling.			
<input type="checkbox"/>	3.2 Dental prophylaxis, scaling and polishing			
<input type="checkbox"/>	3.3 Oral hygiene and dental education			
4-Endodontics				
<input type="checkbox"/>	4.1 Management of Perio-endo lesion			
<input type="checkbox"/>	4.2 Management of separated instrument			
<input type="checkbox"/>	4.3 Management of longitudinal tooth fracture and root fracture			
<input type="checkbox"/>	4.4 Management of traumatic dental injuries			
<input type="checkbox"/>	4.5 Anterior root canal treatment			
<input type="checkbox"/>	4.6 Premolar root canal treatment			
<input type="checkbox"/>	4.7 Molar root canal treatment			
<input type="checkbox"/>	4.8 Management complicated anatomy of root canal system			
<input type="checkbox"/>	4.9 Management of incompletely developed roots			
<input type="checkbox"/>	4.10 Diagnosis and management of tooth resorption			
<input type="checkbox"/>	4.11 Vital pulp therapy			
<input type="checkbox"/>	4.12 Diagnosis and management of tooth perforations			
<input type="checkbox"/>	4.13 Removal of post and core			
<input type="checkbox"/>	4.14 Simple root canal re-treatment			
<input type="checkbox"/>	4.15 Complicated root canal re-treatment			
<input type="checkbox"/>	4.16 Endodontic surgeries; peri-radicular surgery, corrective surgery (perforation repair, resorptive) and replacement surgery (intentional replantation)			



وزارة الصحة
Ministry of Health

<input type="checkbox"/>	4.17 Management of obliterated canals			
<input type="checkbox"/>	4.18 Transplantation & re-implantation of teeth.			
5 Restorative				
<input type="checkbox"/>	5.1 Operative direct restorations – simple.			
<input type="checkbox"/>	5.2 Operative direct restorations – complex.			
<input type="checkbox"/>	5.3 Repair failed restoration/ Placement of the restoration			
<input type="checkbox"/>	5.4 Post and core.			
<input type="checkbox"/>	5.5 Non-vital bleaching.			
6. Emergency				
<input type="checkbox"/>	6.1 Provide treatment and intervention to endodontic emergencies			

Requested by.....Signature.....Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Specialist			

Clinical Privilege – Family Dentistry

Valid from: ___ / ___ / _____ Valid to: ___ / ___ / _____

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification
Category	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Locum	<input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

- 1-Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- 2-This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- 3-The quality department will be monitoring adherence to the approved privileges.
- 4-Any medical practitioner functioning outside his/her clinical privileges will be liable.
- 5-At the time of life-threatening emergencies, any practitioner may render whatever care he/she believes to be indicated regardless of his/her approved privileges.
- 6-At any time, a practitioner wishes to perform a function or a procedure which is not listed in the privileges form above, he/she must put a request to the chairman of the department and get approval from the credential and privileging committee.
- 7-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- 8-Standard rules regarding authentication, necessary content, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- 9-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.

Definitions	
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Instructions	
Applicant	Check off the "Requested" box for each privilege requested. (First Column)
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last column of this form. If recommended with conditions or not recommended, Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing uncontrolled medications.			
<input type="checkbox"/>	1.5 Taking impressions and requestion diagnostic casts			
<input type="checkbox"/>	1.6 Pulp Vitality Testing			
<input type="checkbox"/>	1.7 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.8 Follow up and re-evaluation of patients.			
2-Anesthesia				
<input type="checkbox"/>	2.1 Anaesthesia: Infiltration Local and Regional Block			
3-Preventive Care				
<input type="checkbox"/>	3.1 Topical fluoride application			
<input type="checkbox"/>	3.2 Application of Desensitizing Medications			
<input type="checkbox"/>	3.3 Nutrition and dietary counseling and modification.			
<input type="checkbox"/>	3.4 Smoking cessation counseling.			
<input type="checkbox"/>	3.5 Oral hygiene instructions			
<input type="checkbox"/>	3.6 Dental Prophylaxis.			
<input type="checkbox"/>	3.7 Pits and fissure sealants.			
<input type="checkbox"/>	3.8 Preventive resin restoration (PRR)			
4-Periodontal Care				
<input type="checkbox"/>	4.1 Initial periodontal examination.			
<input type="checkbox"/>	4.2 Removal of supra gingival calculus.			
<input type="checkbox"/>	4.3 Deep scaling and root planning.			
<input type="checkbox"/>	4.4 Periodontal maintenance procedures			
5-Restorative Care				
<input type="checkbox"/>	5.1 Simple restorations (class I, V)			



<input type="checkbox"/>	5.2 Complex restoration (II, III, IV, VI)			
<input type="checkbox"/>	5.3 Tooth build-up.			
<input type="checkbox"/>	5.4 Reshaping and reconstruction of teeth.			
<input type="checkbox"/>	5.5 Operative direct restorations – simple.			
<input type="checkbox"/>	5.6 Operative direct restorations – complex.			
<input type="checkbox"/>	5.7 Direct veneers.			
<input type="checkbox"/>	5.8 Repair restoration failures.			
<input type="checkbox"/>	5.9 Office bleaching.			
<input type="checkbox"/>	5.10 Home bleaching.			
<input type="checkbox"/>	5.11 Non-vital bleaching.			
6- Surgical Care				
<input type="checkbox"/>	6.1 Uncomplicated extractions.			
<input type="checkbox"/>	6.2 Perform surgical and non-surgical extraction of erupted teeth			
<input type="checkbox"/>	6.3 Management of surgical complications			
<input type="checkbox"/>	6.4 Diagnose and manage oral pathological abnormalities			
<input type="checkbox"/>	6.5 Incision and drainage of minor abscess (intra-oral).			
<input type="checkbox"/>	6.6 Management of fractured or traumatized teeth			
<input type="checkbox"/>	6.7 Management of minor intra-oral lacerations			
7-Endodontic Care				
<input type="checkbox"/>	7.1 Pulp capping.			
<input type="checkbox"/>	7.2 Management of painful tooth emergencies			
<input type="checkbox"/>	7.3 Management of traumatic dental injuries			
<input type="checkbox"/>	7.4 Anterior root canal treatment			
<input type="checkbox"/>	7.5 Bicuspoid root canal treatment			
<input type="checkbox"/>	7.6 Molar root canal treatment			



<input type="checkbox"/>	7.7 Simple root canal re-treatment			
<input type="checkbox"/>	7.8 Complex root canal retreatment			

8. Pediatric Care

<input type="checkbox"/>	8.1 Provisional crowns of temporary and permanent teeth utilizing different techniques (pre-fabricated, chairside and lab fabricated)			
<input type="checkbox"/>	8.2 Occlusion management for primary, mixed, and permanent dentition			
<input type="checkbox"/>	8.3 Stainless steel crowns			
<input type="checkbox"/>	8.4 Manage the behaviors of anxious children and adolescents, children with cognitive development delays			
<input type="checkbox"/>	8.5 Uncomplicated extractions of deciduous teeth			
<input type="checkbox"/>	8.6 Pulp capping.			
<input type="checkbox"/>	8.7 Pulpotomy.			
<input type="checkbox"/>	8.8 Pulpectomy			
<input type="checkbox"/>	8.9 Vital pulp therapy (apexogenesis and apexification)			
<input type="checkbox"/>	8.10 Restoration of the decayed deciduous teeth			

9. Prosthetic Care

<input type="checkbox"/>	9.1 Indirect partial restorations; inlays & onlays.			
<input type="checkbox"/>	9.2 Single crowns.			
<input type="checkbox"/>	9.3 Post and core.			
<input type="checkbox"/>	9.4 Repair failed prostheses			
<input type="checkbox"/>	9.5 Full metal crown (PFM) up to 6 units.			
<input type="checkbox"/>	9.6 Porcelain fused to metal crowns up to 6 units			
<input type="checkbox"/>	9.7 All-porcelain crowns up to 6 units			
<input type="checkbox"/>	9.8 Post and core.			
<input type="checkbox"/>	9.9 Indirect veneers			

10. Implant (Prosthetic part)				
<input type="checkbox"/>	10.1 Single crown for implant.			
<input type="checkbox"/>	10.2 Implant retained crowns up to 6 units/patient.			

11. Temporomandibular Joint Management				
<input type="checkbox"/>	11.1 Treatment with removable occlusal appliances (occlusal splint/night guard).			
<input type="checkbox"/>	11.2 Botulinum toxin (Botox) injection for treatment of Temporomandibular Joint Diseases (TMD).			
12. Emergency				
<input type="checkbox"/>	12.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by.....Signature.....Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Dental Director			
HR Credentialing Specialist			
CPC Chairman			

Clinical Privilege – Public Health Dentistry

Valid from: ___ / ___ / ____ Valid to: ___ / ___ / ____

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)	<input type="checkbox"/> Renewal of Privileges (Reappointment)	<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Locum <input type="checkbox"/> Temporary			

Policies Governing Scope of Practice and Clinical Privileges

- Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- The responsible department will be monitoring adherence to the approved privileges.
- Any medical practitioner functioning outside his/her clinical privileges will be liable.
- Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.
- Privileges Validity with the SCFHS accreditation two years
- Applicants have the burden of producing information deemed adequate by the Hospital/Center Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Definitions	
Last Degree	Latest and highest achieved qualification in the dental field.
Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as a Medical Doctor or a Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Specialty-specific Privileges	Means a specific set of privileges given to the dental registrar/senior registrar/ consultant for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization (Master/ Board/Doctorate/PhD)

Instructions	
Applicant	Check off the "Requested" box for each privilege requested.
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Specialty-specific Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General and comprehensive examination, diagnosis, and treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prescribing controlled medications.			
<input type="checkbox"/>	1.5 Taking impressions and requestion diagnostic casts			
<input type="checkbox"/>	1.6 Pulp Vitality Testing			
<input type="checkbox"/>	1.7 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.8 Follow up and re-evaluation of patients.			
2-Anesthesia				
<input type="checkbox"/>	2.1 Anaesthesia: Infiltration, Local and Regional Block			



3-Preventive Care (Clinical and Community Setting)				
<input type="checkbox"/>	3.1 Topical fluoride application			
<input type="checkbox"/>	3.2 Application of Desensitizing Medications			
<input type="checkbox"/>	3.3 Nutrition and dietary counseling and modification.			
<input type="checkbox"/>	3.4 Smoking cessation counseling.			
<input type="checkbox"/>	3.5 Oral hygiene instructions			
<input type="checkbox"/>	3.6 Dental Prophylaxis.			
<input type="checkbox"/>	3.7 Pits and fissure sealants.			
<input type="checkbox"/>	3.8 Preventive resin restoration (PRR)			
4-Periodontal Care (Clinical and Community Setting)				
<input type="checkbox"/>	4.1 Initial periodontal examination.			
<input type="checkbox"/>	4.2 Removal of supra gingival calculus.			
<input type="checkbox"/>	4.3 Deep scaling and root planning.			
<input type="checkbox"/>	4.4 Periodontal maintenance procedures			

5-Restorative Care (Clinical and Community Setting)				
<input type="checkbox"/>	5.1 Simple restorations (class I, V)			
<input type="checkbox"/>	5.2 Complex restoration (II, III, IV, VI)			
<input type="checkbox"/>	5.3 Tooth build-up.			
<input type="checkbox"/>	5.4 Reshaping and reconstruction of teeth.			
<input type="checkbox"/>	5.5 Home bleaching			
6-Surgical Care				
<input type="checkbox"/>	6.1 Uncomplicated extractions.			
<input type="checkbox"/>	6.2 Incision and drainage of minor abscess (intra-oral).			
<input type="checkbox"/>	6.3 Management of fractured or traumatized teeth			
<input type="checkbox"/>	6.4 Management of minor intra-oral lacerations			
7-Endodontic Care				
<input type="checkbox"/>	7.1 Pulp capping.			
<input type="checkbox"/>	7.2 Pulpotomy.			
<input type="checkbox"/>	7.3 Pulpectomy			
<input type="checkbox"/>	7.4 Anterior root canal treatment			
<input type="checkbox"/>	7.5 Bicuspid root canal treatment			
<input type="checkbox"/>	7.6 Simple root canal re-treatment			
8-Pediatric Care				
<input type="checkbox"/>	8.1 Stainless steel crown.			
<input type="checkbox"/>	8.2 Space maintainer.			
<input type="checkbox"/>	8.3 Pulp capping.			



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<input type="checkbox"/>	8.4 Pulpotomy.			
<input type="checkbox"/>	8.5 Pulpectomy			
9-Prosthetic Care				
<input type="checkbox"/>	9.1 Prosthetic repair (acrylic).			
<input type="checkbox"/>	9.2 Removable prosthetic appliances (acrylic).			
<input type="checkbox"/>	9.3 Occlusal guard.			
10-Emergency				
<input type="checkbox"/>	10.1 Provide emergency treatment and palliative intervention to dental pain, and oral tissue irritations			

Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

Clinical Privilege – Dental Hygienist

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Locum	<input type="checkbox"/> Temporary

Policies Governing Scope of Practice and Clinical Privileges

- 1-Note that privileges granted may only be exercised at the current hospital/center clinics that
- 2-have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- 3-This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- 4-The quality department will be monitoring adherence to the approved privileges.
- 5-Any medical practitioner functioning outside his/her clinical privileges will be liable.
- 6-At the time of life-threatening emergencies, any practitioner may render whatever care he/she believes to be indicated regardless of his/her approved privileges.
- 7-At any time, a practitioner wishes to perform a function or a procedure which is not listed in the privileges form above, he/she must put a request to the chairman of the department and get approval from the credential and privileging committee.
- 8-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- 9-Standard rules regarding authentication, necessary content, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- 10-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.



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M Definitions	
Last Certificate	Latest and highest achieved qualification in the dental field.
Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as a Medical Doctor or a Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Core (Basic) Privileges	Means a specific set of privileges for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization

Instructions	
Applicant	Check off the "Requested" box for each privilege requested.
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Basic Core Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 General examination, diagnosis, and initial treatment plan.			
<input type="checkbox"/>	1.2 Requesting intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Requesting extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Taking impressions and requestion diagnostic casts			
<input type="checkbox"/>	1.5 Referral to an appropriate medical specialist as needed.			
<input type="checkbox"/>	1.6 Follow up and re-evaluation of patients.			
<input type="checkbox"/>	1.7 Assist the dentist in the clinic by preparing patients and supporting treatment procedures			
2-Anesthesia				
<input type="checkbox"/>	2.1 Request the administration of local anaesthesia from the dentist for the patient undergoing deep scaling and root planning			
3-Preventive Care (Clinical and Community Setting)				
<input type="checkbox"/>	3.1 Topical fluoride application			
<input type="checkbox"/>	3.2 Application of Desensitizing Medications			
<input type="checkbox"/>	3.2 Nutrition and dietary counseling and modification.			
<input type="checkbox"/>	3.3 Smoking cessation counseling.			
<input type="checkbox"/>	3.4 Oral hygiene instructions, teach patients about brushing, flossing and preventive dental care			
<input type="checkbox"/>	3.5 Dental Prophylaxis.			
<input type="checkbox"/>	3.6 Pits and fissure sealants.			
<input type="checkbox"/>	3.7 Oral cancer screening.			
4-Periodontal Care				
<input type="checkbox"/>	4.1 Initial periodontal examination.			
<input type="checkbox"/>	4.2 Removal of supra gingival calculus.			
<input type="checkbox"/>	4.3 Deep scaling and root planning.			
<input type="checkbox"/>	4.4 Periodontal maintenance procedures.			
<input type="checkbox"/>	4.5 Provide care to peri-implant tissue.			
5-Restorative Care				
<input type="checkbox"/>	5.1 Smoothing and polishing restorations.			

<input type="checkbox"/>	5.2 Cleaning and polishing removable appliances.			
<input type="checkbox"/>	5.3 Smoothing sharp edges of fractured teeth.			
<input type="checkbox"/>	5.4 Construct mouth guards and bleaching trays to the prescription of a dentist.			

6-Surgical Care				
<input type="checkbox"/>	6.1 Suture removal.			
<input type="checkbox"/>	6.2 Placing periodontal packs.			
<input type="checkbox"/>	6.3 Controlling bleeding by direct pressure.			
<input type="checkbox"/>	6.4 Performing gingival curettage.			
<input type="checkbox"/>	6.5 Removing medications from dry sockets.			
<input type="checkbox"/>	6.6 Assisting the periodontist by retracting oral tissues in surgical procedures.			
7-Miscellaneous Duties				
<input type="checkbox"/>	7.1 Sets up and sterilizes exam rooms and equipment, in accordance with universal safety precautions and other safety standards.			
<input type="checkbox"/>	7.2 Sterilizing and sharpening dental instruments.			
<input type="checkbox"/>	7.3 Checking and maintaining instruments in working condition.			
<input type="checkbox"/>	7.4 Ordering and storing medical and dental supplies and equipment.			
<input type="checkbox"/>	7.5 Operating audiovisual equipment			
<input type="checkbox"/>	7.6 Performs other applicable tasks and duties assigned within the realm of his/her knowledge, skills and abilities, within the institute and/or affiliated medical facilities.			

Requested by.....Signature.....Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Dental Director			
HR Credentialing Specialist			
CPC Chairman			

Clinical Privilege – Dental Assistant

Valid from: ___ / ___ / ___ Valid to: ___ / ___ / ___

Name		SCFHS Reg. No.	
Employee No.		Last Degree	
Nationality		ID Number	
Department		Section	
<input type="checkbox"/> Initial Privileges (Initial appointment)		<input type="checkbox"/> Renewal of Privileges (Reappointment)	
		<input type="checkbox"/> Reapplication - Extra privileges request - Privileges request rejected - Privileges request paused for further verification	
Category	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Locum <input type="checkbox"/> Temporary	

Policies Governing Scope of Practice and Clinical Privileges

- 1-Note that privileges granted may only be exercised at the current hospital/center clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
- 2-This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the hospital/center clinics are obligated to meet.
- 3-The quality department will be monitoring adherence to the approved privileges.
- 4-Any medical practitioner functioning outside his/her clinical privileges will be liable.
- 5-At the time of life-threatening emergencies, any practitioner may render whatever care he/she believes to be indicated regardless of his/her approved privileges.
- 6-At any time, a practitioner wishes to perform a function or a procedure which is not listed in the privileges form above, he/she must put a request to the chairman of the department and get approval from the credential and privileging committee.
- 7-Medical records should clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations.
- 8-Standard rules regarding authentication, necessary content, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.
- 9-Applicants must also be able to demonstrate they have met the continued competence requirements established by the Saudi Commission for Health Specialties (SCFHS), applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice required as mandated by SCFHS.

Definitions	
Last Certificate	Latest and highest achieved qualification in the dental field.
Registration	Valid enrolment of healthcare provider by the SCFHS.
Professional License	A current permanent license/registration to practice as a Medical Doctor or a Dentist issued by the legal issuing authority i.e. Ministry of Health or equivalent.
Scope of Practice	Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Each jurisdiction has laws, licensing bodies, and regulations that describe requirements for education and training, and define scope of practice.
Clinical Privileges	The authorization by a health care entity to a health care practitioner for the provision of health care services.
Core (Basic) Privileges	Means a specific set of privileges for the specialization that includes essential patient care services that is routinely taught in the training period for that specialization

Instructions	
Applicant	Check off the “Requested” box for each privilege requested.
Department Chair & Clinic Medical Director	Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form. Coding Description: 1. Granted (G) 2. Not Granted (NG) 3. Comments (if not granted)

Core Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
1-General Assessment Procedures				
<input type="checkbox"/>	1.1 Collecting and recording medical and dental histories and patient vital signs.			
<input type="checkbox"/>	1.2 Performing intra-oral conventional radiographs (periapical, bitewings and occlusal).			
<input type="checkbox"/>	1.3 Performing extra-oral radiograph (panoramic and cephalometric)			
<input type="checkbox"/>	1.4 Prepare and maintain the clinical environment, including setting up the dental chair and surgical equipment.			
2-Preventive Care				
<input type="checkbox"/>	2.1 Topical fluoride application			
<input type="checkbox"/>	2.2 Application of Desensitizing Medications			
<input type="checkbox"/>	2.3 Nutrition and dietary counseling and modification.			
<input type="checkbox"/>	2.4 Oral hygiene instructions			
<input type="checkbox"/>	2.5 Dental prophylaxis.			
<input type="checkbox"/>	2.6 Pits and fissure sealants.			
3-Clinical				
<input type="checkbox"/>	3.1 Support in dental charting and oral tissue assessment carried out by dentist.			
<input type="checkbox"/>	3.2 Prepare, mix and safe handle dental materials.			
<input type="checkbox"/>	3.3 Follow defined protocols on correct use, storage and disposal of hazardous and non-hazardous dental materials according to manufacturer's guidelines.			
<input type="checkbox"/>	3.4 Order dental consumables and maintain accurate clinic inventory both for dental equipment and instruments.			
<input type="checkbox"/>	3.5 Place and remove rubber dam on patients			
<input type="checkbox"/>	3.6 Take an accurate dental impression with detailed reproduction of required margins and oral replica.			
<input type="checkbox"/>	3.7 Construct mouth guards and bleaching trays to the prescription of a dentist.			
<input type="checkbox"/>	3.8 Assist in laser technology for dental treatment and bleaching procedures			



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<input type="checkbox"/>	3.9 Assist the dentist who is providing treatment under general anesthesia and conscious sedation and maintain the dental equipment setup related to the practice setting			
<input type="checkbox"/>	3.10 Assist in the treatment of patients with special needs.			
<input type="checkbox"/>	3.11 Etch appropriate enamel surfaces, apply and adjust pit and fissure sealants			
<input type="checkbox"/>	3.12 Remove excess cement from inlays, crowns, bridges and orthodontic appliances with hand instruments only			
<input type="checkbox"/>	3.13 Apply topical medications that are physiologically reversible, such as, bleaching agents, and cavity varnishes all of which must be prescribed by dentists.			

Core Privileges				
Request	Clinical Procedures	Credentialing and Privileging Committee Decision		
		Granted	Not Granted	Comments
<input type="checkbox"/>	3.14 Pre-select orthodontic bands.			
<input type="checkbox"/>	3.15 Place and remove elastic orthodontic separators.			
<input type="checkbox"/>	3.16 Remove and replace ligature ties and arch wires on orthodontic appliances.			
<input type="checkbox"/>	3.17 Remove sutures.			
<input type="checkbox"/>	3.18 Place and remove periodontal packs.			
<input type="checkbox"/>	3.19 Dry root canals with paper points.			
<input type="checkbox"/>	3.20 Place cotton pellets and temporary restorative materials into endodontic openings.			
4-Sterilization and Infection Prevention				
<input type="checkbox"/>	4.1 Adhere to infection prevention (control) procedures to prevent physical, chemical, and microbiological contamination in the clinical setting.			
<input type="checkbox"/>	4.2 Clean and sterilize all dental instruments used for patient's care.			



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Requested by Signature..... Date.....

Approval			
	Name / Position	Signature	Date
Department Head			
Medical Director			
Credentialing Committee			

الوثائق المطلوبة:

بالنسبة للامتيازات الأساسية للطبيب العام

استمارة امتيازات طب الأسنان السريرية للطبيب العام موقعة ومختومة ومستكملة

نسخة من التعليم المؤهل (درجة البكالوريوس) والتدريب

نسخة من الهيئة السعودية لتسجيل التخصصات الصحية

نسخة من بطاقة الهوية / الإقامة

صورة شخصية حديثة

بالنسبة للامتيازات الخاصة للطبيب النائب والنائب الأول والاستشاري

استمارة امتيازات طب الأسنان السريرية للطبيب النائب/نائب أول او الاستشاري موقعة ومختومة ومستكملة

نسخة من التعليم المؤهل (درجة الماجستير/ البورد/ الدكتوراة) والتدريب

نسخة من الهيئة السعودية لتسجيل التخصصات الصحية

نسخة من بطاقة الهوية / الإقامة

صورة شخصية حديثة

بالنسبة للامتيازات الإضافية

إضافة إلى الوثائق المذكورة أعلاه، يجب على الطبيب المتقدم (نائب أول او الاستشاري) بطلب الامتيازات الإضافية تقديم

الوثائق التالية:

سيرة ذاتية محدثة

استمارة امتيازات طب الأسنان السريرية الخاصة في تخصص يمثل ممارسة متفرعة من تخصصه

موقعة ومختومة ومستكملة (تتضمن طلب الامتيازات الإضافية)

نسخ من شهادات التعليم والتدريب المؤهلة ، والخبرات معتمدة من الهيئة السعودية للتخصصات الصحية ، والبحوث

المنشورة إن وجدت ، والتي تتعلق بالامتيازات المطلوبة.

وفقاً لما سبق، أتقدم بطلب الامتيازات الخاصة كما هو مشر إليه وفق قائمة الامتيازات المحددة

توقيع المتقدم التاريخ.....

تمت الموافقة من قبل:

المدير الطبي / مدير طب الأسنان التاريخ.....

For core privileges of the general dental practitioner:

- signed, stamped, and completed clinical dental privileges form for the general dentist
- copy of qualifying education (Bachelor degree) and training
- copy of the Saudi commission for health specialties registration
- Copy of Identification Card, Iqama as appropriate
- current personal photo

For the special privileges of the specialised dentists

- signed, stamped, and completed clinical dental privileges form (Registrar, Senior registrar, Consultant)
- copy of qualifying education and training
- copy of the Saudi commission for health specialties registration
- Copy of Identification Card, Iqama as appropriate
- current personal photo

For Extra privileges:

In addition to the above documents, the practitioner (Senior registrar, consultant) who apply for extra privileges should submit the following:

- An updated CV
- Signed, stamped and completed clinical special dental privileges form (including the requested extra privileges)
- Copies of qualifying education & training certificates, courses/workshops/seminars attended, experience credentials, and published research If any which are related to the requested privileges.

I hereby request the specific privileges as indicated on this delineation of privileges listing.

Signature of Applicant _____ **Date** _____

APPROVED:

Medical/Dental Director _____ **Date** _____



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Ministry of Health



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Appendix B: Dental privileges Process Map

نموذج ب: خريطة التقديم لطلب الامتيازات السريرية



