

USCG REQUEST CORE PRIVILEGES  
 STARTING ON BOTTOM OF PAGE 3  
 DO NOT REQUEST PRIVILEGES ON PAGES 1-2

- [-] General Dentistry
  - [-] Version 1.0
  - [-] Scope

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
The scope of privileges in general dentistry includes the evaluation, diagnosis, consultation, management, and provision of therapy and treatment for patients of all ages presenting with conditions or disorders involving the oral cavity and its associated structures. Dentists may assess, stabilize, and determine disposition of patients with dental diseases and disabilities or dysfunctions. They order and interpret radiographs and diagnostic tests to determine the type and extent of dental diseases. Dentists restore health and function of carious, fractured, otherwise defective teeth and perform routine preventive, periodontal, oral surgery, endodontic, and prosthodontic treatments.	☐	☑
[-]  Diagnosis and Management (D&M):		
<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
Jaw relations records	☐	☑
[-]  D&M Advanced Privileges (Requires Additional Training):		
<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
Cephalometric radiograph analysis	☐	☑
Nonsurgical management of temporomandibular disorders	☐	☑
[-]  Prosthodontics:		
<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
Occlusal analysis	☐	☑
[-]  Orthodontics:		
<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
Minor tooth movement	☐	☑
Fixed and removable retainers	☐	☑
Habit correction appliances	☐	☑
[-]  Pediatric Dentistry:		
<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
Aversive behavioral management	☐	☑
[-]  Procedures:		
<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
Dental prophylaxis	☐	☑
Topical fluoride treatment	☐	☑
Maintenance of dental implants	☐	☑
Dental sealant	☐	☑
Emergency temporary restoration	☐	☑
Direct restorations (amalgam / composite / glass ionomer)	☐	☑
Metal / ceramometal / ceramic (crown / inlay / onlay)-- fabricated	☐	☑
Stainless steel crown (primary/permanent tooth)	☐	☑
Post and core	☐	☑
Vital bleaching procedure	☐	☑
Internal bleaching	☐	☑
Enameloplasty / microabrasion	☐	☑
Pulpotomy (permanent tooth)	☐	☑
Pulpotomy (permanent tooth)	☐	☑
Endodontic therapy (permanent tooth)	☐	☑
Scaling and root planing	☐	☑
Periodontal maintenance	☐	☑
Minor gingival procedures (Gingivoplasty, fiberotomy, mini-flap)	☐	☑
Complete denture	☐	☑

<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Removable partial denture	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Fixed partial denture	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Simple extraction	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Osteitis and pericoronitis treatment	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Intraoral incision and drainage	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Treatment of avulsed tooth	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Treatment of alveolar fracture / stabilization of tooth	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Closed reduction of TMJ dislocation	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Alveoloplasty	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Emergency treatment of fixed appliances (Removal or replacement of bands, brackets, ligatures, elastics, or wires)	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Repair or replacement of removable appliance	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Occlusal splint / orthotic device	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Occlusal adjustment (limited)	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Local/topical anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Regional nerve block anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Procedure Advanced Privileges (Requires Additional Training):</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Nitrous oxide for anxiolysis	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Oral Sedation (single agent) (patients over 12 years old)	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Moderate sedation	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Ceramic labial veneer	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Obstructive sleep apnea appliance	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry needling	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Soft tissue intraoral use of laser	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Repair of complex intraoral / extraoral soft tissue lacerations	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Acupuncture for the treatment/management of Orofacial Pain, Xerostomia or nausea	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Inlays, Onlays, Crowns (Ceramic or Metal)--Machined	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Injections (complete trigeminal system to include: tendon and myofascial trigger point therapy, nerve blocks and Intraarticular injections in the cervical and upper thoracic)	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Endodontics:</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Apexification and apexogenesis	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Root amputation / hemisection	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Intentional replantation	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Treatment of obstructed canal	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Endodontic re-treatment (uncomplicated)	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Internal repair of perforation	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Periodontics:</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Gingivectomy	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Mucogingival flap procedure / apically positioned flap	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Osseous surgery / crown lengthening	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Bone replacement graft	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Guided tissue (including bone) regeneration procedures (GTR, GBR)	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Soft tissue graft	<input type="radio"/>	<input checked="" type="radio"/>

	Provisional splinting	<input type="radio"/>	<input checked="" type="radio"/>
	Ridge preservation	<input type="radio"/>	<input checked="" type="radio"/>
	Local delivery of antimicrobials	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Prosthodontics:</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
	Restoration of single posterior implant	<input type="radio"/>	<input checked="" type="radio"/>
	Restoration of single anterior implant	<input type="radio"/>	<input checked="" type="radio"/>
	Restoration of multiple posterior dental implants	<input type="radio"/>	<input checked="" type="radio"/>
	Complete and partial overdentures	<input type="radio"/>	<input checked="" type="radio"/>
	Resin bonded fixed partial dentures	<input type="radio"/>	<input checked="" type="radio"/>
	Immediate dentures	<input type="radio"/>	<input checked="" type="radio"/>
	Repair of dental implant prosthesis	<input type="radio"/>	<input checked="" type="radio"/>
	Implant abutment placement	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Maxillofacial Prosthodontics:</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
	Facial moulage	<input type="radio"/>	<input checked="" type="radio"/>
	Earmold fabrication, fitting and modification	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Oral Surgery:</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
	Surgical removal of erupted tooth	<input type="radio"/>	<input checked="" type="radio"/>
	Surgical removal of residual roots	<input type="radio"/>	<input checked="" type="radio"/>
	Surgical exposure of unerupted tooth	<input type="radio"/>	<input checked="" type="radio"/>
	Removal of exostosis	<input type="radio"/>	<input checked="" type="radio"/>
	Partial ostectomy	<input type="radio"/>	<input checked="" type="radio"/>
	Removal of foreign body	<input type="radio"/>	<input checked="" type="radio"/>
	Frenectomy	<input type="radio"/>	<input checked="" type="radio"/>
	Soft tissue biopsy	<input type="radio"/>	<input checked="" type="radio"/>
	Excision of soft tissue tumor (< 1 cm)	<input type="radio"/>	<input checked="" type="radio"/>
	Extraction of soft and hard tissue impaction (include surgical removal of soft tissue implants only)	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Pediatric Dentistry:</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
	Pulpectomy (deciduous tooth)	<input type="radio"/>	<input checked="" type="radio"/>
	Root canal therapy (deciduous teeth)	<input type="radio"/>	<input checked="" type="radio"/>
	Space maintenance	<input type="radio"/>	<input checked="" type="radio"/>
	Pulpotomy (deciduous tooth)	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Oral and Maxillofacial Pathology:</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
	Postmortem examination/forensic identification	<input type="radio"/>	<input checked="" type="radio"/>
	<b>Other (Facility- or provider-specific privileges only):</b>		
	<b>U.S. Coast Guard Core Dental Privileges</b>		
	<b>Privilege(s)</b>	<b>Supported</b>	<b>Not Supported</b>
	Space maintenance- pediatric & adult patients	<input checked="" type="radio"/>	<input type="radio"/>
	The scope of privileges in general dentistry includes the evaluation, diagnosis, consultation, management, and provision of therapy and treatment for patients of all ages presenting with conditions or disorders involving the oral cavity and its associated structures. Dentists may assess, stabilize, and determine disposition of patients with dental diseases and disabilities or dysfunctions. They order and interpret radiographs and diagnostic tests to determine the type and extent of dental diseases. Dentists restore health and function of carious, fractured, otherwise defective teeth and perform routine preventive, periodontal,	<input checked="" type="radio"/>	<input type="radio"/>

USCG PRIVILEGES  
START HERE  
REQUEST CORE AS  
FULLY COMPETENT

oral surgery, endodontic, and prosthodontic treatments.		
 Jaw relations records	<input checked="" type="radio"/>	<input type="radio"/>
 Local delivery of antimicrobials	<input checked="" type="radio"/>	<input type="radio"/>
 Removal of foreign body	<input checked="" type="radio"/>	<input type="radio"/>
 Intraoral incision and drainage	<input checked="" type="radio"/>	<input type="radio"/>
 Postmortem examination/forensic identification	<input checked="" type="radio"/>	<input type="radio"/>
 Dental prophylaxis	<input checked="" type="radio"/>	<input type="radio"/>
 Topical fluoride treatment	<input checked="" type="radio"/>	<input type="radio"/>
 Dental sealant	<input checked="" type="radio"/>	<input type="radio"/>
 Periodontal maintenance	<input checked="" type="radio"/>	<input type="radio"/>
 Emergency temporary restoration	<input checked="" type="radio"/>	<input type="radio"/>
 Direct restorations (amalgam / composite / glass ionomer)	<input checked="" type="radio"/>	<input type="radio"/>
 Inlays, Onlays, Crowns (Ceramic or Metal)--Machined	<input checked="" type="radio"/>	<input type="radio"/>
 Restorative dentistry; inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention	<input checked="" type="radio"/>	<input type="radio"/>
 Stainless steel crown (primary/permanent tooth)	<input checked="" type="radio"/>	<input type="radio"/>
 Post and core	<input checked="" type="radio"/>	<input type="radio"/>
 ceramic labial veneers	<input checked="" type="radio"/>	<input type="radio"/>
 Pulp caps, pulpotomy, pulpectomy	<input checked="" type="radio"/>	<input type="radio"/>
 Occlusal adjustment (limited)	<input checked="" type="radio"/>	<input type="radio"/>
 Provisional splinting (to include stabilization of tooth/teeth)	<input checked="" type="radio"/>	<input type="radio"/>
 Occlusal splint / orthotic device	<input checked="" type="radio"/>	<input type="radio"/>
 Pin Retention	<input checked="" type="radio"/>	<input type="radio"/>
 Scaling and root planing	<input checked="" type="radio"/>	<input type="radio"/>
 Apexification and apexogenesis	<input checked="" type="radio"/>	<input type="radio"/>
 Minor gingival procedures (Gingivoplasty, fiberotomy, mini-flap)	<input checked="" type="radio"/>	<input type="radio"/>
 Gingivectomy	<input checked="" type="radio"/>	<input type="radio"/>
 Gingival curettage	<input checked="" type="radio"/>	<input type="radio"/>
 Complete denture [new, reline, rebase, repair, immediate (uncomplicated)]	<input checked="" type="radio"/>	<input type="radio"/>
 Removable partial denture [new, reline, rebase, repair, immediate (uncomplicated)]	<input checked="" type="radio"/>	<input type="radio"/>
 Fixed partial denture	<input checked="" type="radio"/>	<input type="radio"/>
 Simple extraction - including vertical or mesioangular, high partially encapsulated third molars	<input checked="" type="radio"/>	<input type="radio"/>
 Treatment of avulsed tooth	<input checked="" type="radio"/>	<input type="radio"/>
 Alveoloplasty	<input checked="" type="radio"/>	<input type="radio"/>
 Repair traumatic wounds (less than 2 cm and not crossing the vermilion border)	<input checked="" type="radio"/>	<input type="radio"/>
 Soft tissue biopsy	<input checked="" type="radio"/>	<input type="radio"/>
 Osteitis and pericoronitis treatment	<input checked="" type="radio"/>	<input type="radio"/>
 Endodontic therapy anterior or bicuspid (permanent tooth)	<input checked="" type="radio"/>	<input type="radio"/>
 Endodontic re-treatment (uncomplicated)	<input checked="" type="radio"/>	<input type="radio"/>
 Vital bleaching procedure	<input checked="" type="radio"/>	<input type="radio"/>
 Internal bleaching	<input checked="" type="radio"/>	<input type="radio"/>
 Minor tooth movement (removable appliance only):	<input checked="" type="radio"/>	<input type="radio"/>
 Habit correction appliances	<input checked="" type="radio"/>	<input type="radio"/>
 Fixed and removable retainers:	<input checked="" type="radio"/>	<input type="radio"/>

	Local/topical anesthesia	<input checked="" type="radio"/>	<input type="radio"/>
	Regional nerve block anesthesia.	<input checked="" type="radio"/>	<input type="radio"/>
	Resin bonded fixed partial dentures	<input checked="" type="radio"/>	<input type="radio"/>
	Nonsurgical management of temporomandibular disorders	<input checked="" type="radio"/>	<input type="radio"/>
	Maintenance of dental implants	<input checked="" type="radio"/>	<input type="radio"/>
	Hawley appliances	<input checked="" type="radio"/>	<input type="radio"/>
	Hemisection, bicuspidization and root amputation	<input checked="" type="radio"/>	<input type="radio"/>
	Complete and partial overdentures:	<input checked="" type="radio"/>	<input type="radio"/>
	Emergency treatment of fixed appliances (Removal or replacement of bands, brackets, ligatures, elastics, or wires)	<input checked="" type="radio"/>	<input type="radio"/>
	Treatment of alveolar fracture / stabilization of tooth	<input checked="" type="radio"/>	<input type="radio"/>
	Closed reduction of TMJ dislocation	<input checked="" type="radio"/>	<input type="radio"/>
	Enameloplasty / microabrasion	<input checked="" type="radio"/>	<input type="radio"/>
	Frenectomy	<input checked="" type="radio"/>	<input type="radio"/>
	Non-surgical endodontic therapy	<input checked="" type="radio"/>	<input type="radio"/>

END OF CORE  
DENTAL-USCG

U.S. Coast Guard Supplemental Dental Privileging list (Requires Supporting Documentation and Supervisory Endorsement) NOTE: USCG dental officers and Senior Dental Executives are expected to exercise great care before officially requesting or endorsing supplemental privileges. Supplemental requests require documented support to include certificates of training (within 7 years) OR documentation of continuous care and support such as on the job training via other privileged providers OR letters from certified specialty providers who can unequivocally attest to the quality of care regarding each supplemental privileging request. If uncertain, SDEs should consult with the HSWL SC SDE prior to completing the CCQAS routing.

PLEASE  
READ

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
	ORAL APPLIANCE THERAPY (OAT) FOR SLEEP RELATED DISORDERS	<input checked="" type="radio"/> <input type="radio"/>
	Minimal sedation/anxiolysis (oral only) (single agent) (patients over 12 years old)	<input checked="" type="radio"/> <input type="radio"/>
	Dental management of medically compromised patients	<input checked="" type="radio"/> <input type="radio"/>
	Comprehensive management of oral manifestations of chronic systemic disease, e.g., lichen planus, pemphigoid, and erythema multiforme	<input checked="" type="radio"/> <input type="radio"/>
	Prosthetic restoration of dental implants (limited to single tooth restorations)	<input checked="" type="radio"/> <input type="radio"/>
	Tooth extraction (including fully-encapsulated third molars requiring bone removal, but excluding full bony Impactions)	<input checked="" type="radio"/> <input type="radio"/>
	Tooth extraction (including fully encapsulated third molars not requiring sectioning or bone removal)	<input checked="" type="radio"/> <input type="radio"/>
	Extraction of partial bony impacted third molars	<input checked="" type="radio"/> <input type="radio"/>
	Extraction of full bony impacted third molars	<input checked="" type="radio"/> <input type="radio"/>
	Limited osseous resective surgery to facilitate restorative dentistry (crown lengthening procedures)	<input checked="" type="radio"/> <input type="radio"/>
	Root-end resection and root-end filling (uncomplicated anterior)	<input checked="" type="radio"/> <input type="radio"/>
	Complete occlusal adjustment	<input checked="" type="radio"/> <input type="radio"/>
	Osseous grafts (intraoral autografts, allografts and alloplasts)	<input checked="" type="radio"/> <input type="radio"/>
	Soft tissue grafts (pedicle, free autogenous up to 2mm thickness)	<input checked="" type="radio"/> <input type="radio"/>
	Thick (greater than 2 mm thickness) free soft tissue autogenous palatal and connective tissue grafts	<input checked="" type="radio"/> <input type="radio"/>
	Vestibuloplasty	<input checked="" type="radio"/> <input type="radio"/>
	Osseous resective surgery	<input checked="" type="radio"/> <input type="radio"/>
	Surgical removal of dentoalveolar osseous lesions	<input checked="" type="radio"/> <input type="radio"/>
	Removal of exostosis:	<input checked="" type="radio"/> <input type="radio"/>
	Ridge augmentation and contouring (hard and soft tissue)	<input checked="" type="radio"/> <input type="radio"/>
	Intentional tooth replantation (extraction replantation) or transplantation	<input checked="" type="radio"/> <input type="radio"/>
	Surgical placement and maintenance (including removal and reinsertion) of	

osseointegrated dental implants	<input checked="" type="radio"/>	<input type="radio"/>
Guided tissue (including bone) regeneration procedures (GTR, GBR):	<input checked="" type="radio"/>	<input type="radio"/>
Sinus augmentation procedures in conjunction with dental implant placement	<input checked="" type="radio"/>	<input type="radio"/>
Use of autogenous, alloplastic, and allogenic bone grafts in isolated periodontal defects of moderate extent	<input checked="" type="radio"/>	<input type="radio"/>
Replaced flap procedure for debridement in up to moderate periodontitis.	<input checked="" type="radio"/>	<input type="radio"/>
Root canal therapy (deciduous teeth)	<input checked="" type="radio"/>	<input type="radio"/>
Removal of benign tumor, cyst, or neoplasm lesion (less than 2 cm)	<input checked="" type="radio"/>	<input type="radio"/>
Partial ostectomy / sequestrectomy	<input checked="" type="radio"/>	<input type="radio"/>
Mucogingival flap procedure / apically positioned flap:	<input checked="" type="radio"/>	<input type="radio"/>
Soft tissue graft:	<input checked="" type="radio"/>	<input type="radio"/>
Tooth reimplantation	<input checked="" type="radio"/>	<input type="radio"/>
Excision of soft tissue tumor (> 1 cm)	<input checked="" type="radio"/>	<input type="radio"/>
Minor tooth movement (fixed appliances)	<input checked="" type="radio"/>	<input type="radio"/>

Following Sections must have training to request supplemental privileges.

U.S. Coast Guard Comprehensive Dentistry Packet (Completion of Naval Postgraduate Dental School training within 7 years OR proof of CE and Supervisory Chain Attestation required)

Privilege(s)	Supported	Not Supported
The scope of privileges in comprehensive dentistry includes the evaluation, diagnosis, consultation, management, and provision of therapy and treatment for patients of all ages presenting with simple or complex/multidisciplinary conditions or disorders involving the oral cavity and its associated structures. Comprehensive dentists may assess, stabilize, and determine disposition of patients with dental diseases and disabilities or dysfunctions. They order and interpret radiographs and advanced diagnostic tests to determine the type and extent of dental diseases. Comprehensive dentists restore health and function of carious, fractured, otherwise defective teeth and perform routine preventive, periodontal, oral surgery, endodontic, and prosthodontic treatments.	<input checked="" type="radio"/>	<input type="radio"/>
Prosthetic restoration of dental implants (limited to single tooth restorations)	<input checked="" type="radio"/>	<input type="radio"/>
Root-end resection and root-end filling (uncomplicated anterior)	<input checked="" type="radio"/>	<input type="radio"/>
Tooth extraction (including fully-encapsulated third molars requiring bone removal, but excluding full bony impactions)	<input checked="" type="radio"/>	<input type="radio"/>
Minor tooth movement (fixed appliances)	<input checked="" type="radio"/>	<input type="radio"/>
Limited osseous resective surgery to facilitate restorative dentistry (crown lengthening procedures)	<input checked="" type="radio"/>	<input type="radio"/>
Replaced periodontal flap procedures for debridement in mild or moderate cases	<input checked="" type="radio"/>	<input type="radio"/>
<del>Root canal therapy for deciduous teeth</del>	<input checked="" type="radio"/>	<input type="radio"/>

U.S. Coast Guard Periodontics Packet

Privilege(s)	Supported	Not Supported
Removal of benign tumor, cyst, or neoplasm	<input checked="" type="radio"/>	<input type="radio"/>
Partial ostectomy / sequestrectomy	<input checked="" type="radio"/>	<input type="radio"/>
Mucogingival flap procedure / apically positioned flap:	<input checked="" type="radio"/>	<input type="radio"/>
Osseous surgery / crown lengthening:	<input checked="" type="radio"/>	<input type="radio"/>
Guided tissue (including bone) regeneration procedures (GTR, GBR):	<input checked="" type="radio"/>	<input type="radio"/>
Soft tissue graft:	<input checked="" type="radio"/>	<input type="radio"/>
Tooth reimplantation	<input checked="" type="radio"/>	<input type="radio"/>
Use of autogenous, alloplastic, and allogenic bone grafts in isolated periodontal defects of moderate extent	<input checked="" type="radio"/>	<input type="radio"/>
Osseous grafts (intraoral autografts, allografts and alloplasts)	<input checked="" type="radio"/>	<input type="radio"/>
Replaced flap procedure	<input checked="" type="radio"/>	<input type="radio"/>
The scope of privileges in periodontics includes the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes for patients of all ages; the maintenance of the health, function and esthetics of these structures and tissues as they relate to the oral cavity and systemic health; and the replacement of lost teeth and supporting structures by	<input checked="" type="radio"/>	<input type="radio"/>

<del>grafting or implantation of natural and synthetic</del> devices and materials.			
<div style="border: 1px solid red; padding: 2px;">  U.S. Coast Guard Endodontics Packet                 </div>		<b>Privilege(s)</b>	
		<b>Supported</b>	<b>Not Supported</b>
	The scope of privileges in endodontics Includes the ability to evaluate, diagnose, consult, manage, and provide therapy and treatment for patients of all ages presenting with conditions or disorders involving the dental pulp and periapical tissues of the teeth. Endodontists may assess, stabilize, and determine disposition of these patients.	<input checked="" type="radio"/>	<input type="radio"/>
	Complicated nonsurgical root canal therapy for all permanent teeth	<input checked="" type="radio"/>	<input type="radio"/>
	Root canal therapy (deciduous teeth)	<input checked="" type="radio"/>	<input type="radio"/>
	Surgical root canal therapy including root-end resection, root- end filling, decompression, root resection, bicuspidization, hemisection, perforation repair, trephination, and incision and drainage	<input checked="" type="radio"/>	<input type="radio"/>
	Intentional tooth replantation (extraction replantation) or transplantation	<input checked="" type="radio"/>	<input type="radio"/>
	Osseous grafts (intraoral autografts, allografts and alloplasts)	<input checked="" type="radio"/>	<input type="radio"/>
	Internal repair of perforation:	<input checked="" type="radio"/>	<input type="radio"/>
	Tooth extraction (including fully-encapsulated third molars requiring bone removal, but excluding full bony impactions)	<input checked="" type="radio"/>	<input type="radio"/>
<div style="border: 1px solid red; padding: 2px;">  U.S. Coast Guard Exodontics Packet                 </div>		<b>Privilege(s)</b>	
		<b>Supported</b>	<b>Not Supported</b>
	Tooth extraction (including fully encapsulated third molars not requiring sectioning or bone removal)	<input checked="" type="radio"/>	<input type="radio"/>
	Extraction of partial bony impacted third molars	<input checked="" type="radio"/>	<input type="radio"/>
	Extraction of full bony impacted third molars	<input checked="" type="radio"/>	<input type="radio"/>
	Tooth extraction (including fully-encapsulated third molars requiring bone removal, but excluding full bony impactions)	<input checked="" type="radio"/>	<input type="radio"/>
<div style="border: 1px solid red; padding: 2px;">  U.S. Coast Guard Oral Medicine Packet                 </div>		<b>Privilege(s)</b>	
		<b>Supported</b>	<b>Not Supported</b>
	The scope of privileges in oral medicine Includes the evaluation, diagnosis, consultation, management, and treatment for patients of all ages presenting with oral manifestations of chronic systemic disease, Integrating medicine and dentistry. Dentists specializing in oral medicine provide dental management of medically complex patients and may assess, stabilize, and determine disposition of these patients. They also provide the nonsurgical management of temporomandibular disorders.	<input checked="" type="radio"/>	<input type="radio"/>
	Excision of soft tissue tumor (> 1 cm)	<input checked="" type="radio"/>	<input type="radio"/>
	Comprehensive management of oral manifestations of chronic systemic diseases, e.g., lichen planus, pemphigoid and erythema multiforme	<input checked="" type="radio"/>	<input type="radio"/>
<div style="border: 1px solid red; padding: 2px;">  U.S. Coast Guard Prosthodontics Packet                 </div>		<b>Privilege(s)</b>	
		<b>Supported</b>	<b>Not Supported</b>
	The scope of privileges in prosthodontics includes the evaluation, diagnosis, consultation, management, and treatment for patients of all ages presenting with disabilities incident to loss of teeth and supporting structures. Prosthodontist may assess, stabilize, and determine disposition of these patients and construct corrective prostheses to restore proper mastication, phonetics and facial contour.	<input checked="" type="radio"/>	<input type="radio"/>
	Mandibular movement recording	<input checked="" type="radio"/>	<input type="radio"/>
	Fixed and removable prostheses involving precision attachments	<input checked="" type="radio"/>	<input type="radio"/>
	Full-mouth reconstruction with alteration of vertical dimension	<input checked="" type="radio"/>	<input type="radio"/>
	Implant supported complete arch fixed dental prosthesis	<input checked="" type="radio"/>	<input type="radio"/>
	Implant supported/implant retained removable partial denture	<input checked="" type="radio"/>	<input type="radio"/>
	Implant supported/implant retained complete denture	<input checked="" type="radio"/>	<input type="radio"/>
	Complete occlusal adjustment	<input checked="" type="radio"/>	<input type="radio"/>
	Full mouth reconstruction without alteration of vertical dimension	<input checked="" type="radio"/>	<input type="radio"/>
	Restoration of multiple anterior dental implants	<input checked="" type="radio"/>	<input type="radio"/>
	Complete and partial overdentures, the combination case syndrome	<input checked="" type="radio"/>	<input type="radio"/>
	Prosthodontic treatment of malposed teeth, occlusal plane discrepancies, changes to the existing vertical dimension of occlusion with or without concomitant restoration of anterior guidance	<input checked="" type="radio"/>	<input type="radio"/>

 Rotational path removable partial dentures	<input checked="" type="radio"/>	<input type="radio"/>
 Minor tooth movement (fixed appliances)	<input checked="" type="radio"/>	<input type="radio"/>
 Prosthetic restoration of dental implants (limited to multiple fixed restorations up to three units)	<input checked="" type="radio"/>	<input type="radio"/>
 Restoration of multiple anterior implants.	<input checked="" type="radio"/>	<input type="radio"/>