

Applicant's Name

Position:

Home Site:

PART B: CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

DENTAL THERAPIST

PLEASE Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the **NOTE:** scope of clinical practice authorised for the practitioner concerned. Monash Health will support practitioners who are required to so act.

Core Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Inpatient/Outpatient Services	<input type="checkbox"/>	
Research	<input type="checkbox"/>	
Supervision of trainee and/or students	<input type="checkbox"/>	

Diagnostic Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Comprehensive oral examination / Consultation	<input type="checkbox"/>	
Written Report / Letter of referral	<input type="checkbox"/>	
Referral to other services	<input type="checkbox"/>	
Intraoral radiographs, including PA, B/W and Occlusal	<input type="checkbox"/>	
Extra oral radiographs – OPG and Lateral Ceph	<input type="checkbox"/>	
Cephalometric analysis – excluding radiographs	<input type="checkbox"/>	
Pulp testing (part of examination)	<input type="checkbox"/>	
Diagnostic model	<input type="checkbox"/>	

Applicant's Name

Position:

Home Site:

Preventative Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Removal of plaque and/or stain and/or calculus	<input type="checkbox"/>	
Recontouring of pre-existing restoration(s)	<input type="checkbox"/>	
Application of remineralising agent	<input type="checkbox"/>	
Oral hygiene instruction	<input type="checkbox"/>	
Fissure sealing	<input type="checkbox"/>	

Periodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Treatment of acute periodontal infection	<input type="checkbox"/>	
Clinical periodontal analysis and recording	<input type="checkbox"/>	
Root planning and subgingival curettage	<input type="checkbox"/>	

Restorative Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Restoration of teeth with metallic and adhesive materials (1 to 5 surfaces – Direct)	<input type="checkbox"/>	
Provisional (intermediate/temporary) restoration	<input type="checkbox"/>	
Stainless steel crown	<input type="checkbox"/>	

Applicant's Name		Position:		Home Site:	
------------------	--	-----------	--	------------	--

Endodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Indirect pulp capping	<input type="checkbox"/>	
Direct pulp capping	<input type="checkbox"/>	
Pulpotomy	<input type="checkbox"/>	

Oral Surgery:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Removal of a tooth or part thereof	<input type="checkbox"/>	
Repositioning and/or replantation of displaced tooth/teeth	<input type="checkbox"/>	
Splinting of displaced tooth/teeth	<input type="checkbox"/>	
Drainage of abscess or cyst	<input type="checkbox"/>	

Orthodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
Orthodontic adjustment	<input type="checkbox"/>	

Applicant's Name		Position:		Home Site:	
------------------	--	-----------	--	------------	--

Additional Procedures:		
Please indicate any additional or specific sub-specialty procedures (i.e. not included) you are able to undertake at Monash Health Dental Services	Patients up to the age of ____ years old	Comments/Remarks
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Sign-off					
Applicant's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PMD:		Signature:		Date:	
Reviewed & Approved by CMO:		Signature:		Date:	