

**Appendix 5**

**List of Core and Specialised Procedures for  
Paediatric Dentistry**

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

**Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.**

CORE PROCEDURES	Tick the correct box	
	Yes	No
Preventative Dental Service		
Nonsurgical Removal of Tooth		

**Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.**

Name of Referee: _____  Designation: _____  Date: _____  Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently.
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SPECIALISED PROCEDURES	Tick the correct box		Signature of Referee
	Yes	No	
Surgical Removal of Tooth			

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_